

Nursing For Health



**A REVIEW OF THE CONTRIBUTION OF NURSES, MIDWIVES AND
HEALTH VISITORS TO IMPROVING THE PUBLIC'S HEALTH**



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**A REVIEW OF THE CONTRIBUTION OF NURSES,
MIDWIVES AND HEALTH VISITORS TO IMPROVING
THE PUBLIC'S HEALTH IN SCOTLAND**



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Foreword

FROM SUSAN DEACON, MINISTER FOR HEALTH AND COMMUNITY CARE



Nurses, midwives and health visitors are involved with people at every critical point in their lives, from birth through to death. They are respected and welcomed by patients, families and communities and are uniquely well placed to help influence the health of the people of Scotland. During my time as Minister for Health and Community Care, I have met many nurses, midwives and health visitors and have been struck by the diversity of roles they play. Whether working with individuals, families or communities or at a more strategic level, nurses, midwives and health visitors are already contributing to improving the health of our people. This has been reflected in the many examples of good practice that this review highlighted.

However we can never be complacent. *Our National Health: A plan for action a plan for change* sets out a radical new agenda for NHSScotland, committing to making the NHS a national health service rather than a national illness service. Nurses, midwives and health visitors will have a central role in helping us achieve this vision. This report sets out how we plan to do this. It explores new roles, new ways of working and new partnerships that will both challenge and re-vitalise the professions.

This review has been one of the most inclusive ever undertaken by the Scottish Executive. It has captured the views and ideas, not only of nurses, midwives and health visitors, but also of GPs, Public Health Doctors, Local Authority professionals, NHS managers, community and voluntary sector representatives. The remarkable consistency of their contributions is encouraging and provides a firm basis for the implementation of the report's findings.

This report sets out a challenging plan of action that will refresh and renew nurses, midwives and health visitors. Ultimately it will help nurses to effectively play their roles in improving the health of Scotland's people.

Susan Deacon, MSP
Minister for Health and Community Care

Chapter 1

INTRODUCTION





Chapter 1

INTRODUCTION

Public health has its origins in the mid nineteenth century with efforts to improve the appalling sanitary conditions and life expectancy of the poor in Britain's cities. From the outset it has been a multi-disciplinary, multi-agency effort, with some of the greatest improvements in health being realised by improved sanitation and living conditions rather than the efforts of health professionals.

Nursing's contribution dates back to the time of Florence Nightingale, a great public health campaigner. Health Visiting, Midwifery and School Nursing in particular have an entirely public health origin, having developed in response to appalling life expectancy in the late 19th and early 20th Centuries. Sadly the emphasis on this important area of practice has been diluted and devalued over recent years, thanks in part to an overemphasis on individual responsibility for improving health and the impact of the NHS internal market, with its emphasis on quantifying activity. The new environment for health and health care set out in *Our National Health: A plan for action, a plan for change* (2000) underlines the need to redevelop this emphasis and refocus the efforts of nurses, midwives and health visitors on improving the public's health.

REVIEWING THE CONTRIBUTION OF NURSES, MIDWIVES AND HEALTH VISITORS TO IMPROVING THE PUBLIC'S HEALTH

The White Paper *Towards a Healthier Scotland* (1999) set out a strategy for improving Scotland's health. Alongside its key targets it recommended that the Chief Medical Officer should initiate a review of the public health function in Scotland and the Chief Nursing Officer should initiate a review of the contribution of nurses to improving the public's health.

The starting point for this review is that nurses, midwives and health visitors have an important contribution to make to improving health. But that contribution needs to be considered alongside those of doctors, teachers, community development workers, environmental health officers, health promotion specialists, volunteers and a whole host of other professionals. The purpose of the review is not to undermine any of these valuable contributions, but to maximise the effectiveness of nursing, midwifery and health visiting's contribution. The real challenge is to build upon existing strengths to ensure that the contribution of nurses, midwives and health visitors is part of a co-ordinated systematic approach to improving the public's health. The review has engaged with the many professionals, agencies and communities who nurses work with in order to seek solutions that develop the whole system rather than simply nursing. Its recommendations relate closely to those of the *Review of the Public Health Functions in Scotland* (1999) providing complementary perspectives on the development of a public health workforce that can really make an impact on improving Scotland's health.

Aims of the Review

- To identify the implications of current Scottish, UK and European policy on the roles of nurses, midwives and health visitors.
- To identify and describe current practice in the field of public health nursing, including both routine practice and innovations.
- To make recommendations on the future development of nursing roles in public health, focusing particularly at three levels:
 - Individuals and their families
 - Communities
 - Public health strategy and leadership.

The Distinctive Contribution of Nurses

Towards a Healthier Scotland (1999) stated that the review would focus primarily on the contributions of health visitors, school nurses and practice nurses. The scope has since expanded to incorporate the following groups:

- Health Visitors
- School Nurses
- Practice Nurses
- District Nurses
- Midwives
- Community Psychiatric Nurses
- Community Learning Disability Nurses
- Infection Control Nurses
- Occupational Health Nurses

To a lesser extent, the review looks at the contribution of all nurses, midwives and health visitors to improving the public's health. While the potential contribution of hospital nurses and some nurse specialists is very significant, the scope of the review has had to be limited to focus primarily on community based practitioners. For the sake of simplicity and readability, the review primarily uses the terms nurses and nursing. Except where a specific discipline is being discussed, this should be taken to encompass the whole family of nursing, midwifery and health visiting professions.

What is clear from the review is that nurses have a distinctive contribution to make to improving health, based on their accessibility, acceptability and local knowledge. For some disciplines, such as health visitors and school nurses, almost all of their work is public health, in that they are working with a well population, seeking to improve or maintain their health status. For others, such as district nurses, midwives and practice nurses, their contribution to improving health is one component of a role that has other significant clinical elements. Finally, other groups such



as infection control nurses, occupational health nurses and community psychiatric nurses have specialist expertise in a particular field and can contribute both in their contact with patients and the public, and by acting as a source of specialist expertise to others.

THE REVIEW PROCESS

The review process was very participative, reflecting the nature of public health as a multi-disciplinary, multi-agency effort. Contributions from a broad group of stakeholders were received in order to build a rounded view of nursing's contribution and how it might be developed.

The review process had three main strands:

- a top down look at the implications of policy for practice
- a bottom up look at the strengths and weaknesses of current practice and the barriers that constrain it
- a review of the evidence of nurses, midwives and health visitors' effectiveness in the field of public health

Policy Review

A range of policies from Scottish Executive departments, UK government departments and WHO Europe were reviewed. In addition discussions took place with Scottish Executive officials responsible for each of the major policy areas identified, with a view to extracting potential implications and opportunities for nurses, midwives and health visitors. Chapter 3 summarises the main findings from this review.

Practice Review

This was the most significant area of work. A bottom up process was used to encourage commitment and ownership of the review.

- A short series of broad questions were posed to NHS organisations, professional and representative organisations, partner organisations including local authorities, the voluntary sector and the public (via the Scottish Consumer Council).
- A series of focused discussions was held by the project officer with a diverse range of interests, varying from one to one discussions to full scale conferences.
- A framework for evaluating good practice was devised and circulated with a view to identifying innovative developments in the field and quality checking examples to be used in the review. Practice examples gathered via this process are used to illustrate the recommendations.
- Eight discipline specific sub groups were set up to consider the present and potential contributions of each of the disciplines of nurses considered by the review.
- A total of 83 written responses were received from a wide range of individuals, groups and organisations.



Literature Review

The University of Dundee's Department of Epidemiology and Public Health and School of Nursing and Midwifery were jointly commissioned to undertake a systematic review of the literature in the field of public health nursing. Although this review ran alongside the rest of the review process rather than preceding it, close contact was maintained with the literature review team by means of a sub group of the project reference group, which helped to steer the project. The report of the review's findings (Elliott et al (2001)) is published as a companion document to this report.

Consensus Conference

All of the evidence collected by the review was pulled together into ten broad themes, highlighting areas for further development:

- Organisational culture
- Strategy
- Leadership
- Community involvement, engagement and development
- Partnership and teamwork
- Role clarity and flexibility
- Targeting services
- Quality standards and governance
- Information gathering and sharing
- Education

These themes were used as the basis for a consensus conference held on 19th May 2000.

Over 200 delegates attended from a wide range of backgrounds including all disciplines of nurses, midwives and health visitors, doctors from public health, primary care and paediatrics, NHS managers, nursing and public health academics, community and voluntary groups, local authority representatives. They participated actively in a series of workshops aimed at moving forward from the identified themes to solutions.

Consultation on Main Findings

From the outcomes of the conference a consultation paper based around the main findings of the review was compiled and circulated. In addition, three regional workshops were held, attended by almost 200 people from a diverse range of backgrounds. A total of 118 written responses were received to the consultation process. The respondents covered a wide range of stakeholders with a significant number from partner agencies including local authorities, the voluntary sector and community groups. Quotes from the respondents are used throughout the report as a means of illustrating some of the key messages.



Chapter 2

DEVELOPING NURSING'S DISTINCTIVE CONTRIBUTION TO IMPROVING THE PUBLIC'S HEALTH





Chapter 2

DEVELOPING NURSING'S DISTINCTIVE CONTRIBUTION TO IMPROVING THE PUBLIC'S HEALTH

The starting point for both this review and Chief Medical Officer's review of the Public Health Function was the Acheson definition of public health *'The science and art of preventing disease, prolonging life and promoting health through the organised efforts of society'* (Department of Health 1998).

From this definition the key purposes of public health can be identified as:

- To improve health and well-being in the population
- To prevent disease and minimise its consequences
- To prolong life
- To reduce inequalities in health.

This is achieved through public health practice which:

- Takes a population perspective
- Mobilises the organised efforts of society and acts as an advocate for the public's health
- Enables people and communities to increase control over their own health and well-being
- Protects from, and minimises the impact of, health risks to the population
- Ensures high quality, evidence based services for prevention, treatment and care.

Public health practice can take place at a variety of different levels:

- with individuals
- with families
- with communities
- at locality level
- at regional level
- at national level

At present most nursing activity is focused on individuals and families, with a small but significant element of work developing with communities. Throughout the review process respondents have acknowledged that nurses have distinctive skills that could and should be brought to bear at all levels to address the health needs of Scotland. These can be summarised as follows:

- **Acceptability:** Nurses are seen as acceptable to the public and having a legitimate health promoting role. They provide services that are non-stigmatising. This creates the opportunity to raise or address issues that might be more difficult for other professionals. It also means that nurses are in a very good position from which to work with communities to improve health.
- **Accessibility:** People will often be happy to consult a nurse rather than 'bother' the doctor and may feel more able to discuss difficult issues with a nurse. Nurses are viewed as part of the community and have access to a large population, both well and ill, in a variety of settings.
- **Local knowledge:** Nurses have extensive knowledge of the communities that they serve and their needs, although this has not been effectively exploited to date in setting strategy or planning local responses to identified needs.
- **Continuity:** Nurses in the community tend to have a long term relationship with individuals which allows them to become known both to the individual and to the community. This gives them credibility, which is essential in working with people.
- **Contextualisation:** Nurses have the ability to contextualise health messages and deliver them in a way which is non-threatening and culturally acceptable. This is a key skill in delivering health messages to individuals and communities.
- **Networking:** Nurses are effective networkers and will often have an extensive network of contacts that can be called upon to help address particular issues. They have therefore an important role as a first point of contact with the community.
- **Partnership:** Effective nurses work with, rather than for, individuals and communities and in doing so help them to develop their own resources. This is particularly so in a community setting.
- **Flexibility:** Nurses are very good at finding gaps in services and filling them. Often this is regarded as a negative attribute and has resulted in wide variations in roles and to services being too thinly stretched to be effective. However, within a supportive strategic and policy context, such skills can be an asset and need to be built upon.
- **Negotiation:** Nurses are effective negotiators, working with a variety of individuals and organisations to deliver health improvements.
- **Organisational ability:** Nurses have been described as the glue that holds the health service together. They have particular skills in organisation and are well able to draw together the contributions of disparate professionals and agencies into a cohesive programme of care.
- **Problem solving:** Nurses are often regarded as lateral thinkers, able to find pragmatic solutions to complex problems.

Existing local services and initiatives have often developed either with an implicit recognition that nurses have this skill set and are therefore useful partners in the process, or have developed because nurses have exploited these skills in responding to local need. A more explicit recognition of the place that nurses occupy in the community creates an opportunity to build on this in a more structured way through for example:



- Community development approaches that exploit and build upon nurses' acceptability and accessibility to the community.
- Establishing networks to exploit the detailed local knowledge of nurses to inform strategy.
- Developing nursing's contribution as a conduit for informing the public of key health messages.
- Exploiting nurses' problem solving and organisational abilities at a more strategic level.

Respondents to the review also recognised that this skill set complements that of medical colleagues and specialists in partner organisations and needs to be harnessed more effectively at strategic and policy levels, for example:

- At Primary Health Care Team level, seeking out and addressing the health needs of the practice population in partnership with colleagues in the team.
- At LHCC level, bringing together local knowledge, developing partnerships and engaging with communities.
- At Health Board level, developing networks, building strategic partnerships and forging links with the public.
- At national level, influencing policy development, developing a wider evidence base and promoting a multi-disciplinary approach to the challenge of improving the public's health.

VISION FOR THE FUTURE

In implementing the recommendations of this review the primary goal will be to enable nurses to realise their potential to influence the health of the people of Scotland. To do so, this review seeks to:

- Build upon the skills of nurses, midwives and health visitors, working with individuals, families and communities as well as at leadership, strategy and policy levels to become full and legitimate partners in the health improvement process.
- Ensure that nursing contributions are properly focused and targeted to effectively address the health needs of the people of Scotland in partnership with other professionals and agencies and with local communities.
- Ensure that nurses are well prepared and supported to play a full and equal part, alongside fellow professionals and agencies, at local, regional and national levels in efforts to improve the health of the people of Scotland in a co-ordinated and planned way.

In order to achieve this vision, effective enabling leadership and a change in the culture and attitude of organisations and professionals will be necessary. This is recognised in *Our National Health: A plan for action, a plan for change* (2000) and *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001). The developments outlined in both strategies are reflected throughout this report.

Chapter 3

THE POLICY CONTEXT OF THE REVIEW





Chapter 3

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Six major themes were identified from a review of Scottish, UK and European policy, which underpin current policy on health and health care. They were reflected throughout the policy documents reviewed and form a foundation for the current modernisation of NHS Scotland, set out in *Our National Health: A plan for action, a plan for change* (2000). These are:

- An emphasis on health rather than simply health care
- Community and user participation in service development and delivery
- Social Justice
- Partnership working between different professions, sectors and agencies
- Clinical Governance and effectiveness
- Use of information and information technology

EMPHASIS ON HEALTH RATHER THAN HEALTH CARE

Both *Designed to Care* (1998) and *Towards a Healthier Scotland* (1999) recognised the range of cultural, environmental, economic, social and physical factors that combine to influence the health of individuals and communities. *The Review of the Public Health Function in Scotland* (1999) described a model of health in which a variety of inter-related factors impact on the health of communities. *Our National Health: A plan for action, a plan for change* (2000), building upon the foundation laid by these documents places a heavy emphasis on improving health, recognising the complex inter-related factors which need to be addressed to achieve real improvements. Policy within other Scottish Executive departments also reflects a health dimension, with *Sure Start Scotland: Guidance* (2000), *New Community Schools* (1998), *Supporting Parenting in Scotland* (1999) and *Preventing Violence Against Women* (1998) all having an important health dimension and in particular recognising the contribution of nurses.

At European level, the World Health Organisation's *Health 21-Health for All in the 21st Century* (1998) sets a strategy, to which the Scottish Executive, alongside all UK health departments subscribes, based on a life course approach to health. This recognises the complex interactions between life events, biological risks and life circumstances rather than dealing with each health problem as it presents to ensure better health outcomes for the entire population. This approach is used as a basis for exploring nursing contributions in chapter 5.

COMMUNITY AND USER PARTICIPATION IN SERVICE DEVELOPMENT AND DELIVERY

Our National Health: A plan for action, a plan for change (2000) sets as two of its core aims health services that put people and communities first and empowered individuals and communities. This reinforces a desire expressed in both *Designed to Care* (1998) and *Towards a Healthier Scotland* (1999) to work with consumers to empower them to take responsibility for their own health and inform the decision making process. Other Scottish policy areas such as *Social Justice* (1999), *New Community Schools* (1998) and *Sure Start Scotland* (2000) talk of community based multi-sectoral initiatives and community involvement to improve health. Northern Ireland's work on the contribution of nurses to improving health (Poulton et al 2000) calls for nurses to have skills in community development, community empowerment and community health perspectives in order to support this new agenda.

SOCIAL JUSTICE

There are increasing inequalities in health linked to deprivation and a general recognition of the need to target efforts on these areas to improve health. *The Chief Medical Officer's Report 1999* (2000) emphasises inequalities in health and the challenge of meeting the needs of an ageing population. *Towards a Healthier Scotland* (1999) emphasises the impact of social, economic and environmental determinants of health and disease. It has an overarching aim of tackling inequalities and talks of the need to develop a coherent, co-ordinated and inter-sectoral strategy to attack the roots of ill health rather than focusing solely on specific diseases or individual behaviours. In *Social Justice – A Scotland Where Everyone Matters* (1999) a commitment to tackling poverty and social exclusion for individuals, families and communities throughout the life course is clearly demonstrated.

PARTNERSHIP WORKING BETWEEN DIFFERENT PROFESSIONS, SECTORS AND AGENCIES

Partnerships are a major theme at all levels, from joined up government to partnerships at ground level in communities. This multi-sectoral approach is present in all policy documents, emphasised particularly in *Social Justice - A Scotland Where Everyone Matters* (1999) and *Towards a Healthier Scotland* (1999), and reflects the complexity of differing influences on health. *Designed to Care* (1998) talks of four levels of partnership between:

- patients and professionals
- the government and people of Scotland
- different parts of the NHS
- the NHS and other organisations

The need to develop new and more dynamic partnership arrangements is a strong feature in *Our National Health: A plan for action, a plan for change* (2000), which sets out to re-wire the system in order to make partnership working more effective. Many initiatives to improve health are based on partnership approaches for example *New Community Schools* (1998) and *Sure Start Scotland* (2000). *Within Designed to Care* (1998), Local Health Care Co-operatives are seen as a key element in the structure, developing population wide approaches at local level for health improvement with an emphasis on multidisciplinary working.

CLINICAL GOVERNANCE AND EFFECTIVENESS

Policy places a great emphasis on good quality healthcare delivered consistently and to a high standard. This is reflected strongly in *Our National Health: A plan for action, a plan for change* (2000), which sets out proposals to develop a health service where each part works together in a framework that underpins national standards and priorities for health improvement, service improvement and clinical effectiveness. Evidence based care and ensuring high standards of performance are central themes in *Designed to Care* (1998) and *The Review of the Public Health Function in Scotland* (1999). To achieve this they suggest we need to break down organisational barriers and have a strong strategic direction for clinical effectiveness. *The Acute Services Review* (1998) and *The Review of the Public Health Function in Scotland* (1999) suggest the establishment of clinical networks to drive this agenda forward. Developing a well educated workforce is a key theme throughout the effectiveness agenda. In *Learning Together* (1999) great emphasis is placed on lifelong learning and multidisciplinary training to ensure that professionals are 'fit for purpose'. This is further reflected in both *Our National Health: A plan for action, a plan for change* (2000) and *Caring for Scotland: the Strategy for Nursing and Midwifery in Scotland* (2001).

USE OF INFORMATION AND INFORMATION TECHNOLOGY

Use of information technology to support relevant public health information gathering has been highlighted as crucial if we are to take forward the public health agenda outlined in the *Review of the Public Health Function in Scotland* (1999). Emphasis is placed on the quality and relevance of information collected with a recognition that we are 'data rich and information poor'. *Designed to Care* (1998) set out an agenda for the use of technology which includes the use of video-links and electronically networking general practices to ensure a free flow of information. *The Acute Services Review* (1998) talks of information flows and designed care. In an era of increasing partnership working there is recognition that sharing of information should be client centred.

These six themes feature strongly throughout the remainder of this report and reflect closely the themes identified by health and local authority professionals and agencies, voluntary and community representatives in their contributions to the review process.

Chapter 4

DEVELOPING THE ENVIRONMENT TO MAXIMISE NURSING'S CONTRIBUTION





Chapter 4

DEVELOPING THE ENVIRONMENT TO MAXIMISE NURSING'S CONTRIBUTION

INTRODUCTION

Respondents to the review were concerned that the NHS focuses too much on illness and not enough on health. Making the health improvement agenda a driving force within the NHS will require sustained cultural change, developing ownership of, and commitment to, the public health agenda at all levels within the service.

Our National Health: A plan for action, a plan for change (2000) sets out to do just this, placing a significant new emphasis on health and recommitting to making the NHS a National Health Service not a national illness service. It recognises that making real improvements in health requires a long term, consistent commitment from both the NHS and its partner agencies. The plan sets out proposals that will support a wider cultural shift, creating a balance between the more urgent priorities of delivering high quality health care and the longer term goal of improving health. It sets a context within which the recommendations set out in this report can result in a significant development of nursing's contribution.

This chapter explores the environment within which nurses and other key professionals work. It draws heavily on the wealth of contributions received during the review process, making specific recommendations as well as linking with *Our National Health: A plan for action, a plan for change* (2000) and *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001).

DEVELOPING THE PUBLIC HEALTH CAPACITY OF LOCAL HEALTH CARE CO-OPERATIVES

Our National Health: A plan for action, a plan for change (2000) commits to 'continue to develop the role of Local Health Care Co-operatives as vehicles for the planning and delivery of health improvement and healthcare at local level'. This reflects a strong and consistent message from all respondents to the review process that the development of Local Health Care Co-operatives (LHCCs) creates a focus for public health activity. The LHCC has the potential to bring together primary care and public health along with other key partner agencies to better address the health and well-being needs of diverse communities. Pilot work undertaken with four LHCCs using draft standards for specialist public health practice developed by Healthworks UK identified six key functions of the LHCC as a public health organisation:

- Leadership for health and well-being across all sectors
- Policy, strategy and systems development and implementation
- Developing communities, advocating for health and reducing inequalities
- Surveillance and assessment of the LHCC population's health and well-being
- Protecting and promoting health and well-being
- Developing, maintaining, implementing and improving accountable, ethical and evidence based practice.

“ There is a need for a public health co-ordinator at LHCC level. . . . This post is essential to facilitate and motivate the public health agenda to bring about a culture change within the professional groups ”

To support the development of these functions, the consultation paper for the review proposed the development of an LHCC based public health nurse. This generated much discussion however, there was a clear and consistent message that this would be a valuable role in developing the public health capacity of the LHCC. Key components of this new role could include:

- Leading work across the multi-disciplinary team to improve the health and well-being of the LHCC population
- Developing work with local communities, advocating for health and reducing inequalities
- Linking with others to profile and monitor the health status of the population of the LHCC
- Acting as a catalyst for change, working with professionals and agencies inside and outside the LHCC to develop practice that better meets the needs of the population
- Helping to develop, maintain, implement and improve accountable, ethical and evidence based practice

While in most cases such a role might be filled by a nurse, midwife or health visitor, there may be exceptions. It would provide a visible focal point for public health activity in the local community and clinical leadership for nurses working locally in public health.

Streetwise West Renfrewshire LHCC

The streetwise project is a partnership between general practice, nursing, public health and health promotion. A health visitor was employed to bring together key groups to work towards improving health in a deprived area using a community development approach. A number of community health needs were identified. The health visitor brought together local agencies and existing community infrastructure. The pilot project is completed and the LHCC have now employed a public health facilitator to work on identified issues and integrate the approach throughout the LHCC.

The development of new public health practitioner roles within LHCCs would make a vital contribution to improving the health of the people of Scotland. But, to be effective, posts would need to be properly developed and have ownership from each of the key partners: the LHCC;

the Primary Care Trust; the Health Board (particularly the public health function); the Local Authority; local voluntary and community groups and the community itself. The post holders also, coming into a new role, would need personal development and continuing support. The Healthworks UK standards will provide a framework for this and the Public Health Institute of Scotland will work with local stakeholders to support those developing new posts. The involvement of the National Board for Nursing, Midwifery and Health Visiting for Scotland* alongside education providers will also be vital in addressing development needs in a systematic way.

“ the role will be a vital link for communication between health boards and LHCCs which is missing at present and will ensure co-ordination of effort. It will strengthen partnerships between the board and LHCCs ”

Resources have been made available to Health Boards from the Health Improvement Fund to support the local development of public health practitioners in LHCCs.

Many LHCCs are already starting to break down some of the artificial barriers between professionals and agencies that stand in the way of effective efforts to improve health. This new initiative needs to recognise this and continue to promote the development of the LHCC as a focal point for health improvement activity. In doing so it will be critical both to identify champions across all disciplines and agencies that can contribute to and lead this effort, and to promote shared training and development opportunities that break down barriers.

Recommendations for Action

- 1. The Public Health Institute of Scotland will work with local health communities to support the local development of new public health practitioner roles in LHCCs.**
- 2. LHCCs, working with the local Public Health Function should identify and encourage public health champions in all disciplines and agencies.**
- 3. LHCCs should take every opportunity to promote shared learning and problem solving activities which bring to bear the varied skills of different professional groups**

DEVELOPING NURSING'S CONTRIBUTION TO PUBLIC HEALTH STRATEGY

One of the key strands of the review was to identify nursing's contribution at a strategic level to improving the public's health. This is one of the least well developed aspects of nursing's contribution to improving health. There was strong support from respondents that there was a distinctive role for nurses at strategic level that should be further developed. A nursing contribution to strategy would bring nursing's distinctive attributes and skills explored in chapter 2 (acceptability, accessibility, local knowledge, continuity contextualisation, networking, partnership working, flexibility, negotiation, organisational ability and problem solving) to the following key strategic areas:

Footnote: In 2001/2 the National Board for Nursing, Midwifery and Health Visiting in Scotland will be disbanded as a result of the UK wide review of the regulation of the profession. At the same time, a new body with the working title of the Scottish Nursing and Midwifery Education Council will be established, but many of its function will differ from those of the current Board. For the ease of simplicity, the report refers to the National Board in its recommendations. When the role of the new Council is clarified it is likely that it will take forward some of these areas for 2002.

- Development of Local Health Plans
- Community planning
- Influencing the agenda of key partners
- Developing and implementing healthy public policy
- Public participation

Nursing's contribution to strategy can be developed at a number of different levels:

LHCC Public Health Practitioner

The new public health practitioners will make a significant contribution to the development of local strategies within the LHCC. They will be able to draw upon the knowledge and skills of a broad range of professionals to help inform strategy. They will also provide a critical link in helping the local community engage in the development of strategy and via the local public health network will contribute to the development of Health Board strategy and community planning processes.

“ Nurses could also play a key role in helping individuals and communities to contribute to the development of health service strategy ”

Nurse Consultants

Since work on the review commenced in September 1999, Scotland has appointed its first nurse consultants. The first round of appointments included a public health nurse consultant at Greater Glasgow Primary Care NHS Trust. A further post has since been approved at Tayside Health Board, with significant interest identified elsewhere.

Nursing's distinctive contribution within these posts is recognised as being around developing partnerships, supporting public and community participation, focusing on particular vulnerable groups within the community and supporting the development of effective networks. The focus on education and research which is a key element of all nurse consultant posts will help support the development of evidence based practice as well as supporting the development of a new generation of public health nurses.

Nurses Within the Public Health Function

Respondents to the review were clear that there is a distinctive contribution for nurses to make to the public health function. There are already examples of nurses working at specialist levels in public health, most notably in the Health Education Board for Scotland (HEBS), the Scottish Centre for Infection and Environmental Health (SCIEH) and in many Health Boards and some academic departments. The development of new nurse consultant posts in public health has helped to initiate discussion on the contribution of nurses at this level.

It is important that any development of new roles is based on an assessment of the skills required to deliver the new agenda for public health and matching skills with needs, rather than simply stating there should be more nurses working in public health departments. The pilot, at Lanarkshire Health Board, of the Healthworks UK standards as a basis of developing Boards as public health organisations will help inform discussions. Based on the outcome of the pilot it is proposed that the Public Health Institute of Scotland and the Nursing and Midwifery Practice Development Unit should jointly lead a debate about how best to exploit nursing skills within the public health function.

“ Public health improvement should be the key driver in Health Improvement Plans. Therefore, public health improvement should be threaded through both treatment aspects of clinical care and through formalised pro-active initiatives. Nurses can bring this to the table ”

Recommendations for Action

- 4. LHCC Public Health Practitioners should develop a strategic role, influencing both local and regional strategies.**

- 5. The Public Health Institute of Scotland and the Nursing and Midwifery Practice Development Unit will initiate debate about the development of nursing’s strategic contribution to the public health function, in particular learning from the development of nurse consultant posts and the Healthworks UK pilot.**

LEADING THE PUBLIC HEALTH EFFORT

Achieving the real and sustained changes in organisational culture and clinical practice outlined in this report will require facilitative, creative leadership at all levels within organisations.

Leadership will not only come from within nursing. The Director of Public Health is a central figure in leading the public health effort and will need to ensure that the right systems and mechanisms are in place to facilitate effective multi-disciplinary, multi-agency leadership to meet the challenging goal of improving Scotland’s health. This will include multi-disciplinary involvement in needs assessment and planning processes, establishing effective public health networks, ensuring that practitioners are well informed and establishing effective means to support innovative public health practice. Similarly, Chief Executives and Directors in NHS Boards will need to create the right style of leadership within their organisations to allow innovation and creativity to flourish. This is very much the focus of actions laid out in *Our National Health: A plan for action, a plan for change* (2000).

“ Trusts were seen as the focus to support a shift in traditional roles, resourcing priorities appropriately and facilitating equity. Trusts were also viewed as having a responsibility in progressing a change of attitudes and making effective partnerships a reality, both internally and externally ”

Within nursing, *Caring for Scotland: The Strategy for Nursing & Midwifery in Scotland* (2001) recognises that leadership is needed at all levels within organisations to enable nurses to develop their skills, to innovate and to respond to the needs of the communities and individuals with which they work. The objectives set out within the strategy will significantly enhance the leadership skills of all nurses.

Specific priorities identified within this review include:

- The development of nurse team leaders within primary health care teams
- The development of the new clinical leadership roles of LHCC public health practitioners and nurse consultants in public health
- The development of future leaders in public health

The Public Health Institute of Scotland (PHIS)

The Review of the Public Health Function in Scotland (1999) recommended that a Public Health Institute of Scotland be developed. The Institute's role will be to bring a focus and co-ordination to efforts aimed at improving the public's health. It will provide leadership to professionals and agencies involved in public health and lead the development of education and research in the public health field. The Institute's Director has recently been appointed and work is ongoing to establish this important new organisation.

The Institute will seek to develop the skills needed to improve the whole workforce that contributes to improving the health of the people of Scotland, focusing on three distinct groups:

- Those who by their very contribution improve health (they are part of the 'organised efforts of society'). These groups include nurses, teachers, environmental health officers etc.
- Public health professionals who are trained in generic public health skills (like statistics, advocacy, communication, epidemiology, sociology, psychology, information management, disease prevention, health promotion, systems analysis etc.). These individuals can come from any professional background and will have a necessarily long training. They will be few in number but contribute to the more strategic end of public health activities. In the past, public health doctors have cornered this market but there is a need to create many more opportunities for people coming from other professional backgrounds to compete for training and employment on an equal basis.
- Professional groups who bring skills to generic public health working at strategic and operational levels which are essential to the success of public health interventions. These individuals need not have the breadth of training and skills as those in the second category. Examples of this category include health economists, statisticians, community development specialists and the new LHCC Public Health Practitioners.

Nurses will potentially be involved in all three strands of the institute's work and will have much to gain from the development of this new organisation in terms of leadership and networking.

Recommendations for Action

6. **The Scottish Executive will support leadership development for nurse team leaders in primary health care teams.**
7. **The Public Health Institute of Scotland will establish an ongoing development network for LHCC public health practitioners, based around the competency framework identified in the Healthworks UK standards.**
8. **The Nursing and Midwifery Practice Development Unit will map new and creative career pathways as a means of developing future leaders in public health nursing.**
9. **The Public Health Institute of Scotland will have a key leadership role for nurses in public health, alongside a broad range of other professionals**
10. **Directors of Public Health should put in place the right systems to provide effective leadership to the public health workforce.**

NETWORKING FOR HEALTH

One of the most significant findings of the review has been the extent to which nurses, particularly in the community, work in relative isolation. The full potential of nurses contributions to improving health are not being realised because there is little structured contact either between nurses or with other key partners in the public health effort.

“ Networks have a major role to play and will be most effective if they are owned and managed by participating staff. They require to be supported by Public Health Departments. The local public health network would enable joint working between agencies that has never existed before, eg health and housing ”

The Review of the Public Health Function in Scotland (1999) recognised the potential value of public health networks, which can perform a number of key functions, including:

- Reducing duplication of effort
- Contributing to the development of high quality public health work
- Facilitating the sharing of experience and ideas
- Sharing expertise with other professionals, agencies and groups who have an important role in health improvement
- Influencing the development of health policy and strategy
- Ensuring inclusive development of strategy and facilitating joint implementation and monitoring
- Providing a point of contact with public health networks in other areas.

The development of local multi-professional, multi-agency public health networks is an important vehicle within which nursing's contribution to improving health can be developed. Nurses, midwives and health visitors of all disciplines need to play an active role in the development of such networks.

“ If this strategy is to have any impact, information sharing by all agencies involved in Public Health throughout the communities is essential. Information must be provided in an accessible format and must have a purpose ”

Effective networking also needs to be developed at national level. The Nursing and Midwifery Practice Development Unit (NMPDU) will promote the sharing of good practice, the enhancement of existing roles and the development of new ones. As a starting point, all of the good practice in public health nursing identified as part of the review process will be entered on the NMPDU database. At a multi-disciplinary level, the Public Health Institute of Scotland will establish national networks. Nurses working in public health will make a significant contribution to these networks.

Tayside Public Health Forum

The forum allows interested primary care professionals to meet together with public health colleagues to develop local public health policy and action in relation to primary care. This group has evolved to create a public health primary care network with a particular focus on the action that could or should be taken by those clinical primary care professionals with a public health role. The network acts to share information about good practice, improve communications, support training, develop an audit tool for public health functions in primary care and provide an opportunity for peer support and networking.

Recommendations for Action

- 11. Directors of Public Health should work with LHCCs and other agencies to establish multi-disciplinary public health networks, in which nurses should play an active role. The LHCC public health practitioner will be a key link in such networks.**
- 12. The Nursing and Midwifery Practice Development Unit will create a database of good practice in public health nursing.**
- 13. The Public Health Institute of Scotland should ensure that nurses are actively involved in national public health networks.**

WORKING WITH COMMUNITIES

Most nurses work with individuals and families. However there is emerging evidence that working with communities to address underlying health problems can be more effective in improving health, particularly in addressing the needs of excluded groups who rarely access services.

“ Health care organisations must have greater confidence in the ability of local communities to create their own environments for positive health. They must allow their staff to work creatively with local communities to develop local responses to local needs. ”

There are a number of well established community health projects in Scotland, where there is active involvement in health issues and health promoting activities which have been sustained over a number of years. However, with a few notable exceptions, community development for health has not been part of mainstream health service activity. The CHART project in Lothian and PCCHI in Glasgow are nurse led initiatives that have sought to draw this community development work into primary care. Both initiatives have been successful in their own rights, resulting in a whole range of community development based projects. However it is apparent that delivering training and supporting developments in practice requires considerable thought and a strategic approach. As community development approaches that engage and build upon the community's capacity for health will increasingly be a focus for nurses' community work, NHS Boards will need to ensure that they have the necessary infrastructure in place to support this.

Community Development Programme in Lothian (CHART)

The community development in primary care pack was developed and piloted in Lothian. A project team was established to support the integration of a community development approach into the work of the primary care trust. A project manager and trainer have been appointed. Pilot community development facilitators have been appointed in three LHCCs to progress the approach at ground level. As part of the pilot, primary care teams have been trained using the project pack in community development and have developed local initiatives to improve health.

It is also important to remember that bringing community development into the mainstream of health care activity can create significant tensions between the wishes of the community and the ability of the service to deliver. Nurses should not therefore be working as community development workers, but rather using community development approaches and finding new ways to work alongside existing community development projects. An early task for LHCC public health practitioners will be to map out the existing resources of communities, developing links with existing community projects, development workers and voluntary organisations active in the area. They will have a key role in providing information and support to local projects and agencies, acting as a resource and promoting stronger links.

“ It may be most appropriate for nurses to approach community development within teams where other individuals have pure community development skills. This would allow nurses to focus on health outcomes ”

The demands of the former internal market were such that measuring numbers of contacts achieved an unhealthy priority and community based work suffered as a result. It is necessary now to review these priorities. This may mean that not all nurses are attached to a primary health care team, or that protected time is made within a primary health care team attachment to undertake community focused initiatives. LHCC public health practitioners will have a key role in working with colleagues to identify need and allocate appropriate time and personnel to address them.

Drumchapel Community Health Project

A health visitor is using community development approaches with volunteers from the local area. They have taken part in a number of initiatives led by the local community including needs assessments, work on asthma and bereavement. The health visitor acts as a bridge between the community and health service informing the LHCC and acute sector of local needs.

Recommendations for Action

14. **NHS Boards should ensure that they have the necessary infrastructure in place to support nurse involvement in community development work.**
15. **LHCC public health practitioners should map the existing resources of communities, developing links with community projects, development workers and voluntary organisations active in the area.**
16. **LHCCs should, where appropriate in response to locally identified need, assign dedicated nursing time to work on community based activities.**
17. **LHCC Public health practitioners should act as a key contact point for the local community, acting as a source of advice, support and information to voluntary and community groups.**

PARTNERSHIPS FOR HEALTH

No one profession or agency can achieve the necessary improvements in the health of Scotland's people. A partnership approach is critical to success. The philosophy of partnership working underpins much of current policy and is at the heart of the modernisation of the NHS in Scotland outlined in *Our National Health: A plan for action, a plan for change* (2000). Yet it is very difficult to move from the rhetoric of partnership to making it a reality. It requires a major organisational commitment from partners to removing barriers, real or perceived.

“ The single most important factor in partnership working is a genuine commitment and direction from the highest level of organisations. Without this, partnerships dedicated to promoting public health through a community development approach will not be successful ”

There are already many established formal partnerships with a goal of improving health, including Social Inclusion Partnerships, many of which have an explicit health improvement dimension, and partnerships formed around New Community Schools and Sure Start Scotland centres. However working with established partnerships or forming new partnerships in this more formal sense is only one dimension of the partnership agenda. A potentially more significant aspect is the ability of professionals from different agencies to work together without the artificial boundaries of their employer being allowed to get in the way. Many of the recommendations of the Joint Future Group (*Community Care: A Joint Future* (2000)) for example, focusing on community care, have been around how to support and promote such partnership working. These same principles need to be taken forward and applied in the public health field.

“ There is a need to have an agreed role, function and lines of accountability drawn up for multi-agency work. More secondments/ attachments to various organisations are thought to offer a way of enhancing partnership working and facilitating a deep understanding of each others skills and expertise ”

Most respondents to the review see the LHCC as an essential focal point for partnership working across a whole range of different aspects of service planning and delivery. Acute Trusts need to ensure that midwives and specialist nurses who work in the community are actively involved in the work of LHCCs and their contribution is both valued and integrated with local planning and service delivery.

Dundee LHCC Children's and Young People's Working Group

DLHCC have established a children's and young people's working group with a wide membership from primary and secondary care social work, community health and the voluntary sector. The group aims to address the objectives within national strategies and link these to local service delivery, consulting all key partners. They aim to review priorities, involve young people and identify common priorities. The group have made a number of recommendations based on their deliberations and plan to continue to implement these at LHCC level.

One group of nurses that has caused particular concern is those school nurses that are employed by Acute Trusts. It is clear that the range of partnerships that school nurses need to make and the new public health focus of the service outlined in chapter 5 do not sit easily within Acute Trusts which have an obviously different set of priorities. This has been reflected in some areas by a shift in the focus of the service towards community paediatric nursing and away from the important public health focus that the service needs to develop. The review therefore recommends that Health Boards should seek to ensure that school nursing services are located within Primary Care Trusts and that school nurses are enabled to play a full and active role within LHCCs.

Partnership working is not something that comes naturally to all professionals and does not feature significantly in professional education. If we want professionals to work in partnership with one another we can not continue to educate them separately. Education will need to more effectively prepare nurses and other professionals to work in partnership, particularly through the development of multi-professional education programmes.

Recommendations for Action

- 18. Health Boards and Local Authorities as public health organisations should remove organisational barriers to effective partnership at all levels of their organisations, as should NHS Trusts as employers.**
- 19. LHCC public health practitioners should encourage the development of local partnership working, bringing together nurses from all backgrounds and organisations into a team addressing the needs of the local community.**
- 20. Health Boards should ensure that school nursing services are part of Primary Care Trusts and play a full role in the work of LHCCs.**

PUBLIC HEALTH PRACTICE AND THE PRIMARY HEALTH CARE TEAM

Some health visitor contributors to the review felt that they needed to be removed from their GP attachment in order to develop a more focused public health approach. This would clearly not be in the best interests of either professional group or the communities in which they work. However it illustrates an underlying problem of professionals failing to recognise and value one another's contributions that needs to be addressed if teams are to be effective in improving the health of the communities they serve.

Integrated Nursing Team Development – Inverkeithing Medical Practice

The integrated nursing team at Inverkeithing was developed to improve primary care team working at practice level. A skills analysis and team building have been carried out which have led to a number of nurse led initiatives for example immunisation, family planning, teenage health and asthma. Initiatives have involved all nursing members of the primary care team.

Integrated, self directed nursing teams are the chosen operational model in many parts of Scotland, building on earlier work led by the Scottish Office Department of Health on self directed teams. The original focus of this work was about bringing district nurses and health visitors together in a self managed team. Many have already evolved to incorporate all nurses within the primary health care team and have focused increasingly on the potential for reducing overlaps and gaps in service through integration. *Our National Health: A plan for action, a plan for change (2000)* takes this development further with a commitment to build integrated primary health care teams. Achieving this goal will require commitment from all members of the team and ongoing support from Primary Care Trusts and LHCCs.

“ It is essential that the composition of integrated self directed primary care teams is not restricted to nurses. The huge agenda before us requires all members of the primary care team (current and future) to be working in a co-ordinated and corporate way well beyond the boundaries of the nursing component of such teams ”

In order to ensure a proactive focus on the health needs of the population as well as reacting to demand for services, teams should identify a public health lead. This person would play a part in the local public health network and ensure that the health needs of the practice population are addressed proactively. They would also provide a vital link between practice and LHCC based public health activity, linking with the public health practitioner.

“ Currently practice profiles and needs assessments can be more of an academic exercise than a basis for planning. This could change if work (in teams) is linked to national targets and priorities, the HIP/TIP process and community planning ”

The GP contract has a number of perverse incentives that act as barriers to effective teamwork. Particular problems relate to the provision of maternal and child health services, where current arrangements promote duplication and overlap between services. In order to promote effective teamwork, the Scottish Executive will work with GP representatives to address these.

Recommendations for Action

- 21. Primary Care Trusts and LHCCs should facilitate the development of effective integrated primary health care teams.**
- 22. Primary health care teams should identify a named lead person on public health. This would be a key person in the local public health network.**
- 23. The Scottish Executive will work with GP representatives to facilitate effective teamwork and health improvement activity around maternity care and child health through the GP contract.**

MAKING EFFECTIVE USE OF NURSING SKILLS

Respondents suggest that the best use is not always being made of advanced and specialist skills within the nursing workforce. In many places practice has become routine and unquestioning and needs to be radically overhauled. This is not in any way a criticism of current practitioners, most of whom are doing a good job, but merely a recognition that models of practice need to change in order to reflect current and future needs.

The review highlighted considerable anxiety about flexible working and an unhelpful degree of protectiveness about roles between nursing disciplines. This is compounded by the fact that there are so many different nursing specialisms working together in the community. There are currently eight different branches of community specialist practitioner (Health Visitor, District Nurse, School Nurse, Practice Nurse, Community Paediatric Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Occupational Health Nurse). Whilst having most taught together in a core programme followed by discipline specific branches has helped, there is limited commonality of approach or shared understanding between the disciplines in practice.

Chapter 5 outlines significant developments that will revolutionise the practice of current health visitors and school nurses, taking on a much greater public health focus. This new model of practice will require nurses to work more openly in partnership with clients, to agree and work towards goals with families, to seek out health needs and find new and creative ways of addressing them. It will replace patterns of routine visiting, much of the current surveillance programme and more rigid approaches to practice that have evolved. Working in this new way will require new skills and access to new sources of support. It will in short require a modernisation of the public health nursing workforce.

“ Health Visitors could be released from much of the core developmental assessment work by utilising appropriate trained nursery nurses. HVs could concentrate on parenting programmes, supporting vulnerable families, community development and providing leadership for teams ”

The Public Health Nurse

In this new model of practice there is no discernible difference between the role of a health visitor and that of a school nurse. Both have a public health focus, but work with different parts of the community. This artificial boundary will therefore be removed and both will become public health nurses. To achieve this significant investment will be needed in education for the school nursing workforce to bring team leaders up to specialist practitioner level, with educational and grading parity with their health visiting colleagues. Following this initial investment it will be a requirement in Scotland that team leaders in public health nursing (schools) hold a specialist practitioner qualification and are graded at the same level as other public health nurses (existing health visitors).

The new public health nurses will share a common education programme and will work together to address the needs of communities, co-ordinated at LHCC level. This new role will allow far greater local flexibility to respond to need and will address the growing concern over the increasing fragmentation of nursing through over-specialisation. It will also open wider career opportunities for the practitioner.



“ It is important to strike the right balance between focus and flexibility and to clarify the functions of staff rather than their role so that they are deployed according to community need rather than the limitations of specific job titles ”

The Family Health Nurse

In the longer term the Scottish pilot of the Family Health Nurse concept, currently being piloted in Highland, Western Isles and Orkney will inform thinking on the future development of practice. The Family Health Nurse is a concept developed by WHO Europe and represents a new model for community nursing practice. The Family Health Nurse model is based on the following principles:

- A skilled generalist role encompassing a broad range of duties, dealing as the first point of contact, with any issues that present themselves, referring on to specialists where a greater degree of expertise is required.
- A model based on health rather than illness – the family health nurse would be expected to take a lead role in preventing illness and promoting health as well as caring for those people who are ill and require nursing care.
- A role founded on the principle of caring for families rather than just the individuals within them.
- A concept based on the nurse as first point of contact.

Whilst the pilot has been developed in remote and rural areas there is significant interest in the potential of this role in both urban and inner cities in Scotland and elsewhere in the UK. The Scottish pilot will be fully evaluated both here in Scotland and as part of WHO Europe's overall evaluation.

Skill Mix

In many places, skill mix has been introduced to provide support grades for community nurses. Generally this has happened in an ad hoc way, producing significant variation in the way that services are delivered. Greater attention should be paid to the opportunities created by the introduction of a mix of skills and grades which better reflect the needs of the community and which enable the experienced nurse to undertake activities more appropriate to their level of expertise. This is particularly important for current health visitors and school nurses, where highly skilled practitioners are being used to undertake tasks that do not require their level of skill, or where others may be more effective.

Generally staff nurses and health care assistants are deployed to support community nursing teams. The success in some parts of Scotland in employing Early Education and Child Care Workers (formerly known as nursery nurses) as part of health visiting or school nursing teams suggests that this role has a great deal to offer in child health services, in particular in undertaking more in depth support to families for example around sleep problems or teaching parents to play with their children.

Public health nurses should also work with local community and voluntary organisations to develop peer support schemes, which have been proven to be more effective than professional input in a variety of situations, for example promoting breastfeeding.

Breastfeeding Initiative – Pollock

Health visitors, midwives, health promotion officers and general practitioners work together with statutory and voluntary organisations to raise public awareness about breastfeeding and support existing breastfeeders. Breastfeeding support is provided by local mothers who have breast-fed and are keen to help others.

Specialist Roles

Specialist nurses such as community psychiatric, learning disability and infection control nurses have particular expertise in their chosen fields. More effective use should be made of these skills to provide support and advice to other nurses. This model of using specialist expertise as a resource to others as opposed to fragmenting care into a series of specialist interventions should increasingly be the chosen model of practice for all specialist nurses.

Recommendations for Action

- 25. The Scottish Executive, in partnership with relevant stakeholders, will lead a radical modernisation of the public health nursing workforce. In the short term, this will involve the development of a public health nurse role which incorporates the roles of health visitor and school nurse.**
- 26. The Scottish Executive will invest in the education of the existing school nurse workforce to ensure that team leaders have educational and grading parity with existing health visitor colleagues.**
- 27. Trusts and LHCCs should make changes to skill mix as opportunities arise to ensure that effective use is made of the skills of specialist practitioners. These changes should be based on the needs of the service and its patients/clients. Particular attention should be given to the development of new roles such as early education and child care workers and to the potential of working with voluntary and community groups to meet identified needs.**
- 28. Trusts should ensure that more effective use is made of nurses with specialist expertise, for example infection control nurses, occupational health nurses or CPNs, by ensuring that they are linked into local public health networks and are able to act as a resource to the LHCC.**

RESHAPING SERVICES TO ADDRESS HEALTH INEQUALITIES

If the target of ending inequalities and creating social justice set out in *Our National Health: A plan for action, a plan for change* (2000) is to be achieved, then greater targeting of effort is needed to ensure that services identify and respond to need. It is necessary therefore to re-define the universal service, a core concept in health visiting. A new model of practice will be developed that provides a service to all, but is based on providing information and resources to most, whilst targeting efforts in a more structured way on supporting the most vulnerable. This new model of practice is explored in more detail in chapter 5.

“ Universal service provision reduces flexibility, stifles innovation and limits proactive approaches to working while encouraging a reactive, pressured response to individual and national demands ”

Aside from the development of new practice models at a national level, it is incumbent on all nurses to question the value of their work and to be open to challenge and review. *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001) sets out the need for models of clinical supervision and peer review to be developed and implemented. This is particularly important for those nurses working in the community who often work alone and need the opportunity to review practice and be challenged.

Clinical Support in North Argyll and Bute

The community nursing team in North Argyll consists of 38 nurses covering eight islands and a section of mainland with a total area expanding over approximately 2000 square miles. A system of clinical supervision has been developed to help overcome the problems of isolation through the use of reflective practice. Benefits have included increased interaction with colleagues, reflection on practice, enhanced support, the opportunity for feedback, skill development, increased job satisfaction and ultimately enhanced patient care.

Patterns of resource allocation in community nursing are almost entirely historical and rarely bear any relation to need. If services are to be effectively targeted to meet needs then LHCCs and NHS Boards will need to review the distribution of nursing resources in a more structured way.

“ Not every individual or group is registered with a GP and so will not come within conventional practice boundaries. Specific provision is necessary for groups such as the homeless and travelling population ”

Recommendations for Action

- 28. LHCCs and NHS Boards should ensure that the distribution of available skills and resource matches the pattern of identified need in communities.**
- 29. LHCCs and partner agencies should target resources to communities with the greatest need. This may involve developing community based approaches or linking with existing developments such as new community schools or sure start projects.**
- 30. Trusts should ensure that there is a system of supervision or peer review in place for all community practitioners, which promotes reflection.**

INFORMATION FOR EFFECTIVE PUBLIC HEALTH PRACTICE

A consistent feature throughout the review process has been the dearth of reliable and meaningful information to inform effective practice.

In order to be effective, nurses need to be able to make use of reliable, good quality primary research and systematic reviews, derived from scientific enquiry. They also need to be able to use information derived from their activities and those of colleagues to help inform planning and delivery of services. The review identified the importance of exploiting the detailed local knowledge that nurses have about the communities they work with to inform strategy and planning. Finally, in order to exploit all of this information and deploy it to support the delivery of effective services, nurses need to make use of information technology.

Applying Evidence

At the outset of the review process, when a literature review was commissioned, there was some concern that we would be unlikely to find any relevant high quality evidence relating to public health nursing. As the accompanying report of the systematic review (Elliott et al (2001)) undertaken jointly by the University of Dundee's Department of Epidemiology and Public Health and School of Nursing and Midwifery shows, there is a wealth of evidence that covers much of nursing's contributions to improving health. However the quality of primary papers was often considered to be poor and the researchers conclude that there is an urgent need for good quality primary research and systematic reviews in public health nursing. A co-ordinated approach to identifying themes for future programmes of multi-disciplinary public health research is needed. The literature review sets out priority areas for future work. The full report of the review is published as a companion document to this report (Elliott et al (2001)) and is available in a searchable format on the Internet in order to help inform future practice.

In addition to detailed discussion of the effectiveness of nursing interventions in relation to different client groups, the literature review draws several general conclusions about the effectiveness of nursing interventions:

- Successful public health interventions need to be theory based, focused on clearly identified achievable objectives and targeted at potentially responsive individuals.
- Interventions should be targeted at high risk groups because they are more effective than community wide programmes.
- With the exception of smoking cessation, brief interventions should be avoided unless there is overwhelming evidence of their effectiveness.
- The passive transfer of information is not effective in changing behaviour. Interventions should be interactive and involve skills training as well as information transfer.
- Long term interventions are recommended over short term as they are likely to be more effective, particularly when long term behaviour change is required.
- Multi-agency working is required to make an impact on public health.

Further details are available in the full report of the literature review, however these key points start to describe a model of effective public health practice, which should be applied when planning new initiatives. This model will continue to evolve as the evidence base increases.

Where clear evidence exists, it suggests that nursing interventions focused on individuals and families are ineffective in achieving sustained improvements in health. Public health nursing practice therefore needs to be reorientated to be less individualistic, longer term and more effectively focused on higher risk groups. These findings are reflected in recommendations throughout this report, most notably in sections on working with communities, re-shaping services to address health inequalities, preparation for practice and in the sections on child health in Chapter 5. They will challenge nurses at all levels to cease ineffective practice and re-focus their efforts.

In order to make effective co-ordinated use of the wealth of evidence that the review identified, the Public Health Institute of Scotland and Directors of Public Health should support local public health networks in identifying local priorities and supporting the implementation of evidence based practice.

In addition, if nurses are to apply the existing evidence base and contribute to it's further development, they need research skills at a variety of levels, from reading and interpreting primary papers through to advanced research skills. *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001) sets out proposals to further develop nursing's research capacity.

Information to Inform Practice

There is little useful or reliable routinely collected data available on the activity of nurses, particularly in relation to health improvement. Despite many efforts to develop meaningful information, much of what exists is based purely on counting contacts. The information is costly to collect, of little value to anyone, does not help inform practice or strategy and is particularly meaningless in the context of health improvement activity, where small numbers of intensive contacts or community based activity are known to be more effective, but are not effectively captured in current statistical returns.

Further work is necessary to identify relevant process and outcome measures to inform strategy and planning. However, what is clear is that at a clinical level, nursing activities should be recorded as part of the emerging electronic patient record. It is therefore proposed that nursing activity should be recorded on GPASS or other relevant General Practice information systems. Early trials of this suggest that it produces more meaningful local information to inform practice and has the capacity to produce electronically the necessary central statistical information. There is also a growing enthusiasm from LHCCs to go down this route.

Exploiting Nurses' Local Knowledge

One effect of nurses working closely with communities is that they amass over time significant local knowledge about the health status and needs of the community. To date, little effective use has been made of this information to inform strategy development or service delivery. LHCCs need to ensure that this intelligence is exploited in local planning and service development processes. LHCC public health practitioners will be key people in co-ordinating and collating this information to inform decision making. Local public health networks will also play a key role in disseminating and deploying such intelligence to inform strategy and in ensuring that nurses are well informed of major public health issues and are well equipped to inform the public.

Information Technology

Community nurses have little or no access to IT. Whether it be to develop evidence based practice, to promote shared electronic records or to support the sharing of information and intelligence in local networks, the effective, intelligent use of IT will be essential. NHS Boards will need to give due priority to supporting the development of IT if real improvements in service and more effective use of information is to be made. As an important start to this development, £3.5M has been made available in this financial year to support access to IT for district nurses and health visitors. Computers will have links to GPASS or other GP systems, the NHS Net and other local networks. Further work is planned to make effective use of the technology through developing for example e-mail discussion fora, listings of reliable Internet resources and support for local information sharing.

Recommendations for Action

- 31. The Scottish Executive will make widely available the systematic review of the literature accompanying this review, in order to support the development of evidence based practice.**
- 32. Practitioners should apply the model of effective public health nursing practice outlined above when planning new initiatives.**
- 33. The Chief Scientist's Office, the Nursing Research Initiative for Scotland and the Public Health Institute of Scotland should develop a programme of research into effective public health practice based upon the findings of the systematic review of the literature.**
- 34. The Public Health Institute of Scotland in association with directors of public health should ensure that support is available via local public health networks to implement evidence based practice in public health.**

35. **The Public Health Institute of Scotland will develop outcome and process indicators for public health nursing that are relevant to practice and which can be used to inform service planning and strategy. These will replace the counting of contacts as a measure of activity.**
36. **Primary Care Trusts should ensure that where practicable, nurses use GPASS or other local primary care systems to record their activity with patients/clients.**
37. **Trusts should ensure that all nurses working in primary care have access to a computer which networks with GPASS or other local system, local NHS Board networks and the NHS Net. £3.5M is available in the current financial year to support implementation for current district nurses and health visitors.**
38. **Directors of Public Health, working with LHCC public health practitioners should ensure that local public health networks establish means to share and make use of the detailed local knowledge of nurses in developing plans and strategies.**

PREPARING NURSES AS PUBLIC HEALTH PRACTITIONERS

Pre-registration Education

Despite an increased focus on health and health promotion in nurse education, it appears that many nurses still do not fully appreciate the wide ranging determinants of health or take full advantage of opportunities to enhance health. The reasons for this appear to be a combination of the content and delivery of theoretical education, the nature and content of community based clinical placements and the interests and expectations of students. It is clear that high quality learning experiences during pre-registration education are essential to stimulate interest in public health activities and develop public health competencies.

“ Pre and post registration education programmes should prepare nurses more adequately for working with communities by addressing user perspectives more comprehensively, by involving service users in nurse education and by the use of community development workers in the education and training of all members of the primary health care team ”

Much of the community experience currently undertaken by student nurses is spent with district nurses and health visitors. If nurses are to have a meaningful grounding in public health, they need to have a far broader exposure to practice. In order to achieve this, it is proposed that stronger links should be made between universities and LHCCs, which should provide the basis for student placements. These experiences may involve time in a Sure Start centre, a Community school or with community education and social workers as well as a full range of health care professionals.

Shared learning opportunities with other health and social care professionals based on problem solving should be integrated into education programmes wherever possible and may be especially useful in practice settings to demonstrate interagency working.

Many of these issues are addressed in *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001), which sets out a number of key targets for the future of pre-registration nurse education.

Recommendations for Action

- 40. Universities and Trusts should work together to develop the LHCC as a focus for community placements rather than an individual practice. Placements should seek to give a broad variety of experiences including placements with voluntary and community groups that will give a more rounded perspective of public health practice.**
- 41. Teaching on public health should be strengthened by the involvement of public health experts to consolidate evidence based theoretical elements of the programme.**
- 42. Universities should ensure that link nurse lecturers, preferably with appropriate background in public health/community nursing enhance links with LHCCs to support students and mentors in providing high quality learning experiences for students and facilitating the development of public health competencies.**

Post-registration Education

The current model of eight different community based specialist practitioner programmes is not considered to be either sustainable or in the best interests of the profession. A number of new developments are proposed. Together these developments aim to produce a nursing workforce that is much better equipped to tackle Scotland's health problems. They will be addressed in an incremental fashion in full consultation with all interested parties.

Short Term

There is a current shortfall of health visitors, which is likely to be exacerbated by the recruitment of LHCC public health practitioners to the new posts. There is also a significant lack of school nurses with the required specialist practitioner qualification that would allow them to take on the new role outlined in chapter 5. An additional 60 health visitors and 30 existing school nurses will therefore be educated over the next year to acquire specialist practitioner qualifications.

A two year pilot of the Family Health Nurse commenced in February 2001. This new model of practice will have a formal education programme delivered by the University of Stirling, resulting in a degree and specialist practitioner qualification. The pilot is part of a wider research project led by WHO Europe.

Medium Term

A new Public Health Nurse programme will be established. This will aim to better prepare nurses to take on public health practice roles. It is the route by which what we currently know as health visitors and school nurses will be prepared for practice. The programme will, under current UKCC regulations lead to a health visitor registration and a school nurse recorded qualification. However, in light of the findings of the Review of Health Visiting and School Nursing Services in Wales (Clark et al 2000), which showed that the health visiting programme outcomes are heavily weighted towards work with individuals rather than communities, the UKCC will be asked to review the outcome standards. The new programme will have a much greater emphasis on partnership, working with communities including community development approaches, leadership and a life course approach to improving health. Practice placements will have a much broader focus and will include work with other agencies and placements with colleagues in public health.

Longer term

The outcomes of the Family Health Nurse pilot and the development of the new Public Health Nurse programme will inform thinking on future models of post registration education. One possible model would be to have two routes for community specialist practice: the Family Health Nurse, focusing on families and the Public Health Nurse with a focus on populations and communities. Within this model the existing specialisms of health visiting, district nursing and practice nursing would be incorporated primarily into the family health nurse route, but with some health visitors and all school nurses following the public health route. The specialisms of community psychiatric nursing, learning disability nursing and childrens nursing would follow one of these routes dependant on the focus of their work, but bringing an existing area of specialism with them. Occupational health and infection control nursing would become specialist branches of the public health route.

Workforce Planning

The review highlighted a significant problem in the lack of workforce planning for community based specialist nurses. There are well established mechanisms for identifying overall needs for nurse education and work is in hand to develop more sophisticated integrated workforce planning mechanisms at Trust level. However there is no mechanism to translate identified need for community nurses into commissioned education. The result is that the education of community nurses to specialist practice level is haphazard, unplanned and relies heavily on nurses self funding. This has led to a shortage, particularly of health visitors, which needs to be addressed. A planning and commissioning mechanism will be developed to ensure that we have the right people and skills available to meet current and future needs.

“ The demography of the community nursing workforce indicated that many experienced nurses and health visitors will be leaving the workforce over the next few years ”

Recommendations for Action

- 42. The Scottish Executive will commission the training of an additional 60 health visitors and support 30 existing school nurses to achieve specialist practice qualifications in the short term.**
- 43. The Scottish Executive will pilot WHO Europe's Family Health Nurse concept.**
- 44. The Scottish Executive, working with the National Board for Nursing, Midwifery and Health Visiting in Scotland (called subsequently SNMEC), the Public Health Institute of Scotland and universities will develop a new public health nurse education programme, which will bring together the existing specialisms of health visiting and school nursing.**
- 45. The Scottish Executive will review with all interested parties the outcomes of the new public health and family health nurse programmes with a view to having only two routes to community specialist practice – the Family Health Nurse and the Public Health Nurse.**
- 46. The Scottish Executive will ask the UKCC and its successor the Nursing & Midwifery Council to review the outcomes for health visitor education in the light of current practice requirements.**
- 47. The Scottish Executive will establish a mechanism for commissioning community nursing education to meet the needs of current and future practice.**

Continuing Professional Development

In addition to the educational developments proposed in both pre and post-registration nurse education, the proposed developments in practice will require significant organisational and personal development.

Particular areas for development include leadership, community development, partnership working and IT skills as well as new skills associated with the new models of practice outlined in Chapter 5, including assessment and working openly with clients.

These will need to be addressed by a combination of national and local initiatives. Trusts will have a lead in implementing new models of practice and will need to work closely with both local and national agencies in identifying and providing the necessary educational support. The educational needs of staff in fulfilling this new agenda will form an important element of Personal Development Plans

Where possible education should be developed on a multi-disciplinary, multi-agency basis, promoting shared learning and should incorporate innovative approaches such as mentoring and shadowing as well as more traditional methods.



- 48. Trusts should identify development needs of nurses in the light of the recommendations of this review and future project work arising from it, and work with the Scottish Executive, the National Board for Nursing, Midwifery and Health Visiting for Scotland (and subsequently SNMEC) and education providers to address them.**

Advanced Practice

There is currently no mechanism for preparing future leaders in the field of public health nursing. Many Masters Degree programmes are multi-disciplinary in nature and some have more nursing students than students of other disciplines. However, it is clear that the theoretically based degree alone is not sufficient to prepare nurses for future leadership or strategic roles in public health. The model followed by medical specialists in public health is to complete the degree alongside an element of practice aimed at achieving clinical competence in the field. It is proposed that a similar model be developed for nursing, linking a multi-disciplinary taught programme with the achievement of clinical competence.

In addition nurses, alongside a range of other professionals, should be able to achieve the competencies required to become a specialist in public health, a position previously reserved for the medical profession. The Public Health Institute of Scotland will take a lead on the development of both pieces of work, alongside the National Board for Nursing, Midwifery and Health Visiting in Scotland.

Recommendation for Action

- 49. The Public Health Institute of Scotland will work alongside the National Board for Nursing, Midwifery and Health Visiting in Scotland to develop an advanced qualification in public health for nurses which incorporates a multi-disciplinary Masters Degree and the acquisition of clinical competencies.**

Chapter 5

DEVELOPING NURSING'S CONTRIBUTION ACROSS THE LIFE COURSE





Chapter 5

DEVELOPING NURSING'S CONTRIBUTION ACROSS THE LIFE COURSE

Previous chapters have emphasised the importance of a multi-agency, multi-disciplinary approach to improving health. This chapter focuses on the nursing contribution to that effort. It sets out proposals to strengthen existing practice and, where appropriate, to develop new models of practice which better reflect the needs of the different client groups. Whilst it summarises the breadth of nursing's contribution across the whole life course, the key principle underpinning the whole review is the need to target efforts to those in greatest need.

The emphasis of most nursing intervention to improve health should be shifted as far as possible towards addressing identified needs and in particular on working with others to address the health needs of the most socially disadvantaged groups. This will be particularly so for the new public health nurse, where the reduction in commitments to undertake a routine child health visiting service will create increased scope to respond to the health needs of the community. This in turn will require a more structured approach to needs assessment and more effective use of existing data on local health needs.

PREGNANCY AND CHILDBIRTH

Midwifery has an entirely public health origin, yet that focus has often been lost with the development of advanced clinical skills. Midwives have a unique opportunity, working with an often highly motivated client group to promote key health messages. In particular the evidence of midwives' potential effectiveness in smoking cessation, which can have a long-term effect on the health of both mother and child, is strong. *A Framework for Maternity Services in Scotland* (2001) recognises this important contribution, recommending that each woman should have an individualised education/health promotion plan as an integral part of her care during the antenatal period. Midwives should also exploit the potential to influence the health of partners at this important time, and should ensure that there is an effective hand over to primary care services at the end of the pregnancy to ensure that support to live a healthy lifestyle is sustained post pregnancy.

Care of Pregnant Drug Users – Fife

Multi professional approach led by community midwife in response to increasing numbers of pregnant drug users and poorly co-ordinated inter-professional communication. Aimed to provide a flexible and comprehensive service to women which is empowering, non-judgemental and supportive. Health promotion advice and support given as well as antenatal care, postnatal care and child protection.

Midwifery support needs to be targeted particularly to vulnerable groups such as young teenage mothers and socially excluded groups. Midwives also need to ensure that they liaise closely with specialist nurses such as harm reduction specialists, working with drug abusers, in order to support the most vulnerable groups. The development, outlined below, of a structured assessment tool to support targeting by public health nurses may also be relevant to support midwives.

Teenage Pregnancy Initiative – Paisley

Midwives working with Barnado's Paisley Threads project (which supports young tenants and young parents) have developed a drop in centre within the community for young people to seek advice from a multi-professional team. It aims to improve and promote uptake of antenatal care, to promote healthy pregnancy, to provide parenting support assist with benefits and housing issues and provide peer support.

Recommendations for Action

- 50. Midwives and public health nurses need to work closely together to ensure a seamless transition for parents.**

YOUNG CHILDREN AND THEIR FAMILIES

The profound effects of early influences on lifelong health have been well documented.

Breast feeding, nutrition, dental health, immunisation and accident prevention are all major focuses for child health improvement and have been shown to have life long influences on the health of the individual. As in other areas, the impact of inequalities on child health is significant, with children born into families living in the higher deprivation categories having significantly poorer health. To be effective in improving the health of children, nurses need to work not only with children and their families, but also with communities and other agencies. Initiatives such as Sure Start Scotland and the Starting Well health demonstration project aim to improve child health and family well-being by taking a wide ranging approach targeted at those in most need.

Dental Health Project – Drumchapel

This is a community focused project with health visitor involvement, directed by a multi-agency steering group. It aims to improve the dental health of children aged 0-3 in the area. The project has reached 500 parents giving advice, toothbrushes and toothpaste. Toothbrushing initiatives with statutory and voluntary agencies and changes in tuckshop and snack provision have also been successes. Dietetic and dental involvement ensures a co-ordinated approach.

The work of health visitors with families with young children needs to develop from a model based heavily on surveillance and monitoring to one which is based on acting as a resource to the family and targeting efforts to support those with particular needs. A new model of practice will be developed for work with families with young children, based on the following elements:



- Reduced commitment to routine screening and surveillance
- A universal evidence based core programme for families with young children – 0-5, focused on education, empowerment and enabling parents to make effective use of other services and sources of information including NHS 24
- A structured assessment of need, used as a basis for agreeing a plan of action with the family.

“ We need to use a wider public health assessment that asks different questions – eg does this person have adequate warmth, shelter, security? Is there easy access to affordable food? Do family supports/community networks support this family? Are the family relationships likely to support the healthy emotional and social development of this child? ”

- A Family Health Plan, developed on the basis of assessment, agreed with and held by the family, setting out a clear set of goals and actions to achieve them.

“ The health record, not just nursing record should be owned by the family or individual client. This contributes to consistency of care and facilitates communication between caregivers. It also holds the potential to educate and empower the individual and family ”

- A greater degree of openness with families ensuring that important issues are confronted and addressed.

The purpose of child health clinics should be critically assessed. In their current format they consume significant resource and have little or no benefit. In particular, evidence suggests that growth monitoring has no effect on a child's nutritional status and parents don't find that clinics allow for meaningful discussion. In a model of practice based on empowered parents rather than surveillance they will have no role to play. Where a need is identified for such a service, it should be developed in partnership with parents and other local services such as Sure Start Scotland or family centres in order to ensure that it is effectively met.

Patchwork Community Clinic – Pilton

Patchwork is a parent and child friendly clinic run in partnership between local parents and health visitors. It aims to get parents more involved, develop a holistic approach to health, give information and offer support from both professionals and parents. Sessions are planned and tailored to meet the needs of parents. Parent involvement includes planning sessions, meeting and greeting other parents, organising tea and coffee. Health visitors provide professional advice, support and assistance. Patchwork welcomes grandparents, expectant parents and carers

Supporting Parents

The transition to parenthood is an important life transition. *A Framework for Maternity Services in Scotland* (2001) sets out proposals for parent education programmes. Midwives and public health nurses need to collaborate on the delivery of programmes ante-natally and post natally to ensure that a consistent message is given to parents. However it is important that support does not stop here. Parental lifestyle and life circumstances impact not only on the parents themselves but also on their children and the community as a whole. There are many reasons why parents may need extra help in bringing up healthy happy children and a variety of means by which that help can be delivered, including Sure Start Scotland, Family Centres and nurseries for example. With the breakdown of the extended family there has been an emphasis on professional support for parenting. However submissions to the review suggest that peer support and initiatives which impact on the community as a whole can be more valuable. Working to empower parents to confidently take responsibility for the health of the family is crucial.

Parent Support Programme – Edinburgh

A school nurse working with community education obtained funding to run a parent education programme. The programme is multi-agency run by school nurses and health visitors supported by nursery nurses in partnership with social work. Parents are very positive about the initiative stating that the course helped them to deal with their children's behaviour in a more positive way.

Vulnerable Families

Families may be vulnerable for many reasons, including the illness of parents or children, domestic violence or abuse, drug or alcohol misuse or the effect of social circumstances. Vulnerable families need extra help, support and guidance if they and their children are to achieve their maximum potential. Public health nurses need to ensure that they effectively identify and target support to the most vulnerable families in the communities that they serve. Alongside this review, a joint review of health, social work and education services to support vulnerable families with young children in five local authority areas has been carried out, led by the Social Work Services Inspectorate. While the findings of this review are as yet unpublished, some important themes have emerged which need to be considered in partnership with colleagues in local authorities. These include:

- The need for preventative work targeted at vulnerable families rather than waiting for a crisis to arise.
- The need for clear goals, shared by professionals and the family. The family health plan will be an important vehicle for this and should where appropriate be a multi-disciplinary record.
- The need for professionals to provide support to address identified needs rather than simply a monitoring service.
- The importance of confronting issues openly with families.

“ Targeting of resources does not exclude others from the service. Close, collaborative working with parents, voluntary agencies, local community groups, education, and social work would offer a more accessible, more flexible system. Allowing people to make their own choices through a social model of support rather than a universal inflexible service would encourage more constructive relationships between clients and service providers ”

The review when it is published will further develop these and other themes. They will be reflected in the development of the new model of public health nursing practice with children and families.

Recommendations for Action

- 51. The Scottish Executive will lead the development and implementation of a new model of practice for Public Health Nurses working with young children and their families.**
- 52. Primary Care Trusts and LHCCs should critically review the value of child health clinics and seek more relevant methods of service delivery to meet local need.**
- 53. Public health nurses should make more effective use of peer support groups and networks to support parents.**
- 54. NHS Boards and LHCCs should work closely with local social work services to ensure the delivery of an effective service to support vulnerable families, building on the findings of the forthcoming report on the review of services to support vulnerable families.**

SCHOOL AGED CHILDREN AND YOUNG PEOPLE

Chapter 4 set out proposals to invest in developing and recognising the school nursing workforce. The new Public Health Nurses, qualified to specialist practice level will work alongside other professional colleagues in LHCCs and lead teams of nurses in schools delivering a radically re-focused service.

Developing practice around New Community Schools provides a sound model on which to build. The new model of practice for work with school children will be based on the following key elements:

- Reduced commitment to routine screening and surveillance.
- An assessment of the health needs of each school, developed in partnership with the school, the LHCC and local Public Health department. On the basis of which a school health plan should be developed.
- Working with schools and parents to address health needs. The New Community Schools concept provides an ideal framework to support this.

- Promoting healthy lifestyles and healthy schools. The Health Promoting Schools initiative developed by HEBS provides a useful framework to support this and is already being implemented in many schools. The Health Promoting Schools Unit proposed in *Our National Health: A plan for action, a plan for change* (2000) will be an important focal point for this work.
- Supporting children with chronic and complex health needs
- Supporting vulnerable children and adolescents

In order to achieve this change in practice, the new public health nurses (schools) will need to work closely with local schools, communities and other agencies and should be fully integrated into LHCCs.

Recommendations for Action

- 55. The Scottish Executive will lead the development and implementation of a new model of public health nursing practice within schools. Significant investment will be made in educating and preparing the new public health nurses to fulfil this role.**
- 56. NHS Boards should ensure that school health services are fully integrated with LHCCs and work closely with schools and other key local agencies.**
- 57. NHS Boards should review the resourcing of local school health services to ensure that they can develop to meet local need.**

Young People

A particular emphasis on the health needs of young people is needed. This is one of the most challenging transitional periods during the life course and services need to be able to provide the right information, support and guidance to help young people make healthy choices which may influence their health throughout the remainder of their life.

Providing health education as part of the education process is only part of this. Although clearly important, the literature review suggests that a multi-dimensional approach is far more effective in changing attitudes and behaviours.

Nurses are already involved in a variety of different approaches to meeting young people's health needs, with examples ranging from drop-in clinics to web-sites. The Walk the Talk initiative has brought together much of the learning from existing projects into a resource pack (Fast Forward (2000)). Additional funding of £1M per year has been made available to NHS Boards to develop services that meet young peoples needs for an accessible, confidential and anonymous source of advice and guidance.

In addition the Healthy Respect demonstration project in Lothian will be seeking to address particularly the sexual health needs of young people. Nurses will play an active role in the development of this project.

**Teen-Aid – Oban**

Following consultation with young people, a health visitor set up a drop in health clinic in Oban. Teen-Aid operates from high street premises in Oban. Staffed by nurses and a doctor, the clinic provides health information and contraceptive advice.

Recommendations for Action

- 58. LHCCs working in partnership with other local partners should develop accessible, approachable, confidential and anonymous health information and advice services for young people. Nurses should play an active role in the development of services that meet these needs in partnership with other disciplines and agencies.**

ADULTHOOD***Sexual Health and Pre-conceptual Care***

Nurses working both in General Practice and in specialist Family Planning and Sexual Health Services have an important role in ensuring that the predominantly healthy female population they have contact with, who may not otherwise have contact with health services, are able to make informed choices about their sexual health. Because they have access to a healthy population, there are also significant opportunities to provide, or reinforce general health messages, for example smoking, alcohol and drugs.

These groups of nurses may often be the first people who a woman may turn to when either planning a pregnancy or when first pregnant. It is important that they are able to provide women with reliable, clear information that will allow them to make informed health choices throughout their pregnancy. There is also some evidence that services providing targeted input to particularly vulnerable groups of women, such as drug abusers, the homeless and prostitutes can significantly improve health outcomes of those who become pregnant.

The Social Gynaecology Clinic – Glasgow

This service aims to provide reproductive health care to vulnerable women with complex social needs who do not access services. This is a nurse led service with a single point of contact. Nurses deal with contraception, cytology and colposcopy. The service, which works collaboratively with women's drop in services, the prison service, social work, drug and housing agencies has found an increased uptake of services from this vulnerable client group.

Although the clientele of Family Planning and Sexual Health Services is predominantly female, services need to consider how to encourage men to make more effective use of services.

Recommendations for Action

- 59. All nurses providing sexual health and family planning services should exploit the opportunity to give general health advice to their clients. In particular, nurses need to be well prepared to help women make informed health choices in the early stages of pregnancy.**

60. **Family planning and sexual health nurses should work with others to ensure that the sexual health needs of men are adequately addressed.**
61. **Family planning and sexual health nurses should provide targeted support to particularly vulnerable groups.**

Working Adults

The potential contribution of nurses working in occupational health services has not been fully recognised. They have a unique opportunity to improve the health of a sector of the population that traditionally have little contact with the health service.

Occupational health nurses should take a higher profile in promoting the health and well being of employees and their families. Their remit has in many places been much more limited than this. Within the NHS, the Health Promoting Health Service Framework may provide a useful model to promote this.

Although the remit of the review did not cover non-NHS services, there is great potential for local public health networks to develop links with such services so that their knowledge and contacts can be used to inform strategy and planning. Occupational health nurses working outside the NHS might find this particularly valuable.

The development of proposals to provide occupational health services to small and medium sized businesses will create an additional opportunity for occupational health nurses to influence the health of wider communities. In setting up these services nurses should ensure that promoting health is a key principle. An additional £1M has been made available from the Health Improvement Fund to develop this important new service.

Lothian Occupational Health Project

This service developed a Lifestyle Screening Programme which was evidence based. This has been provided across a wide variety of organisations to assist them in promoting healthy lifestyle factors in the workplace and to participate in Scotland's Health at Work Award (SHAW). This has raised awareness within the community and workplace, it provides clients the opportunity for an individual consultation including cardiac risk assessment and stress evaluation together with promotion and reflection on their lifestyle.

Nurses specialising in occupational health can also act as a source of expert advice to primary care nurses, particularly practice nurses who may come across work related injury or ill health as part of their routine work and should establish links with the LHCC to support this role.

Recommendation for Action

62. **Occupational health nurses should fully exploit their valuable role in promoting health and well being with a sector of society that has little other contact with the health service.**

Preventing Ill Health

All nurses have the opportunity to prevent ill health either at primary secondary or tertiary levels in all contacts with individuals or families. In a primary care setting, the practice nurse has a particular opportunity to address secondary and tertiary prevention under the auspices of structured chronic disease management. The role of practice nurses in this important area is likely to develop further, exploiting the potential of an increasing range of evidence based protocols and of the proposed expansion of nurse prescribing.

Man Alive – Ferguslie

The local community identified a need to address men's health issues. Health visitors carried out a client survey within the local surgery on alcohol issues working with the public health department and the local health project to analyse the results, which will form the basis of future men's health work.

In order to make the most effective use of nursing skills to improve health, consistency of approach is essential. The continued development and implementation of SIGN guidelines in these key fields has had a significant impact on this. However it is important that all team members are signed up to guidelines and there is consistency of approach if real outcomes are to be achieved. Increasingly interventions aimed at improving health will take wider multi-disciplinary, multi-agency approaches. Evidence suggests that these are likely to be more effective in achieving change. The Have a Heart Paisley demonstration project is one example of such an approach and lessons will be drawn from this to shape practice in this field more widely.

Practice nurses also see significant proportions of the healthy population whether it be via family planning and well women clinics, travel vaccinations or childhood immunisation. Because of the nature of their work and employment status, the rest of the nursing team has not always made effective use of the knowledge of practice nurses. The development of stronger integrated teams, LHCC public health practitioners and local public health networks should help address this.

Recommendations for Action

- 63. Nurses should take a consistent approach to improving health, working on a multi-disciplinary, multi-agency approach where possible and using the best available evidence or guidelines.**

The Prison Population

The prison population warrants a separate discussion, because in many ways this represents one of the most disadvantaged and socially excluded groups in society. Although the Scottish Prison Service operates its own health service and is not therefore entirely within the remit of this review, it needs to be recognised that the prison population is not a static population and that most will return home at some point. Addressing their health needs is therefore an important public health priority.

Nurses working in prison have a unique opportunity to address the wider health needs of their population. Aside from the obvious issues of smoking, drugs and alcohol abuse, there are broader issues such as parenting skills where research has shown that efforts to teach male prisoners to be better fathers can pay dividends on their return to the community.

The link between prison and home is critical. Even if prison nurses are able to help people make any change in lifestyle, unless there is continuity of support on release from prison they are likely to return to their old patterns of behaviour. Communication between prison and services in the prisoners own community is therefore vital and local services should ensure that it is promoted wherever possible. In this respect, local public health departments need to take account of the prison communities in their areas and to facilitate links between prison and home.

HM Prison and YOI – Corton Vale

A health visitor has been employed in Scotland's only women's prison, funded by a Queens Nurse Institute Innovation Award. This initiative allows pre, post natal and after care as well as health promotion and parenting work to take place with a prison population. The health visitor and midwives work with the prison health service to offer baby immunisations, mother and baby support, baby massage and parenting groups.

Throughcare, in order to be effective, demands true partnership between those working both within and outwith prisons. Links should therefore be developed between prison health services and local professionals, ensuring the availability of specialist expertise and sharing of knowledge. Links with local public health networks would help to facilitate this.

The needs of the families of prisoners also need consideration. Where possible, with the consent of the prisoner and his family, public health nurses should provide additional support to families of prisoners who may often feel isolated and socially excluded.

Recommendations for Action

- 64. Nurses working in prison should be supported to exploit their unique opportunity to improve the health of prisoners.**
- 65. NHS Boards should support and encourage links with prisons to ensure that released prisoners have continuity of support and service in the community. This may involve the development of services that in-reach into prisons where appropriate.**
- 66. Public health departments should give consideration to the health needs of prisoners, recognising that they will return to their community at some point.**
- 67. Public health nurses should liaise with their prison counterparts to provide particular support to the families of prisoners.**

OLDER PEOPLE

As the average life expectancy increases, people can look forward to twenty or more years of life beyond retirement. Unfortunately, with the increasing length of life goes increasing health problems. It is therefore more important than ever to focus on the health needs of this group of people and help them to live a healthy and productive life into old age.

Our National Health: A plan for action, a plan for change (2000) sets out a whole package of measures to ensure that integrated, responsive services are in place to meet the care needs of older people. Nurses, in particular district nurses, will have a key role to play in the development and delivery of these services. They have a unique opportunity to help ensure that the wider health needs of older people are assessed and opportunities taken to promote continuing health and independence rather than developing dependence on institutional services. In doing so they will need to develop new relationships with other agencies and services to ensure an integrated response to need. Such responses should take a community based perspective as well as looking at individual needs. For example, an initiative to develop a lunch club in a New Community School can help bring together different generations to the benefit of each and be far more productive than simply providing meals on wheels to a group of isolated older people.

Shettleston Well Elderly Group

The well elderly group in Shettleston, Glasgow was established by nurses in response to the needs of an increasing number of socially isolated older people in the area. The group aims to relieve social isolation and to inform older people about services available in their local area by providing a forum in which older people can express their needs. Groups are short term, running over a six-week period with the involvement of many local agencies. Activities are organised throughout. Many older people continue to attend other groups within the centre. The initiative has received very positive feedback from older people in the area.

There has been much debate during the review process about the value of health screening for the over 75s. A brief survey of LHCCs found widely varying practice and recognition that current models of practice in this area achieve little positive benefit. *Our National Health: A plan for action, a plan for change (2000)* sets out plans to review this, developing a process that better identifies and addresses health needs as well as supporting the collection of valuable public health information about the needs of older people to help inform future service development. Nurses will play a key role in the development and delivery of this new programme.

Recommendations for Action

- 68. Nurses should play a key role in the development of integrated services that promote continued independence for older people. In doing so they will need to work closely with colleagues in social work and other agencies.**

GROUPS WITH SPECIAL NEEDS

The focus of this chapter has been on identifying nursing's contribution across the life cycle. In doing so, it has attempted to clarify and develop the roles that nurses can make in improving the health of people at various stages in their life. However, some nursing contributions are more difficult to specify within this framework, because they relate to particular groups of people with special needs, which can occur at any stage in the life cycle. These groups include those people with a mental illness or learning disability and people with acute or chronic health problems that require a stay in hospital. They also include the contributions made by specialist nurses working within defined fields of practice and particularly the contribution of infection control nurses whose role is almost entirely related to public health.

Mental Health

Mental illness can affect anyone at any point across the age spectrum. Nurses have an important role in providing care and support for those with a mental illness and a wider role in preventing mental health problems in the wider community.

The focus of mental health services has increasingly been on caring for those people with severe or enduring mental health problems. This is a very socially excluded and deprived group with limited opportunity to lead a healthy life. Nurses working with this group should ensure that they promote health and seek to prevent further mental or physical ill health, through minimising risk taking behaviours.

Specialist nurses working in the fields of drug and alcohol abuse play a particularly important public health role and need to ensure that they are actively involved in the development of local public health networks. They are also a valuable resource to other professionals and should be enabled to provide specialist advice.

Of course the issue of promoting mental health goes much wider than these very demanding and needy groups of people. Mental health promotion is essentially about influencing how individuals, families and communities feel and thus improving their overall health and well being. In many ways, it is inseparable from general health promotion in that priorities are enhancing life skills and improving social support. Community development approaches have much to offer in this respect, building social capital and improving self-esteem.

It is recognised that most minor mental health problems will be dealt with within primary care and nurses and other professionals need to be better equipped to address these issues. The potential for more effective joint working arrangements between mainstream primary care and specialist mental health service is significant and should be fully explored by LHCCs and Primary Care Trusts. A particular example of success in this field is in relation to postnatal depression, where many areas have developed a clear care pathway that involves screening by health visitors and treatment by CPNs. *Our National Health: A plan for action, a plan for change* (2000) sets out plans for such pathways to be developed in all areas. Lessons can also be learnt from this approach that can be applied to other areas of mental health.

Integrated Care Pathway for Post Natal Depression – West Lothian

To ensure equity of service and increased detection and care of women with postnatal depression in West Lothian a multi-sector research based care pathway has been developed. It introduces routine antenatal screening for risk factors, information for patients and training for staff on offering early interventions to high risk groups.

There is growing evidence that children and young people are under increasing pressure and a significant number suffer from mental health and behavioural problems. Child and adolescent mental health services have a critical role in dealing with the most challenging problems, but it will normally fall to the school and mainstream health services to deal with the less significant but no less problematic cases. There is an important role for Community Psychiatric Nurses working in child and adolescent mental health to provide support and consultancy to schools and the school health service in supporting and caring for these children.

Recommendations for Action

- 70. Nurses working with people with severe and enduring mental illness should take opportunities to improve their general health and minimise risk taking behaviours**
- 71. CPNs should develop their role in supporting and advising others in primary care on the prevention of mental health problems. They should have clearly established links with LHCCs and local public health networks.**
- 72. CPNs working in child and adolescent mental health should provide support and consultancy to schools and the school health service on dealing with minor mental health issues.**

Learning Disability

The needs of adults with a learning disability deserve a special focus. In part, because they have some particular needs which require specialist support and in part because a shift in the model of care from primarily institutional to primarily community based, creates new challenges and opportunities. Adults with a learning disability are a generally well population but with distinctive needs arising from the nature of their disability. They should expect to make use of mainstream primary care services, however services are often poorly equipped to meet those needs. There is therefore a great danger that they fall through a gap between specialist and mainstream services.

The health (as opposed to health care) needs of people with a learning disability are poorly addressed. For example learning disabled people might find it very difficult to get appropriate advice on sexual health. Community learning disability nurses have a key role to play in ensuring that they are addressed, working through primary health care teams, LHCCs and other agencies as well as with clients.

Pop in clinic for people with a learning disability – Aberdeen

Run by a health visitor for people with learning disability, this service aims to address inequalities in health care that exist for people with learning disability by improving accessibility and appropriateness of services. The service found that people used the clinic, in an adult training centre, to discuss their health needs. For many it was a first point of contact and referral to social services or primary care.

Community learning disability nurses need to develop a role as a specialist resource to other professionals in primary care. They should work closely with LHCC public health practitioners and public health networks to make sure that their clients are able to access relevant advice and support. This and other issues will be taken forward in a national review of learning disability nursing proposed in *Caring for Scotland: The Strategy for Nursing and Midwifery in Scotland* (2001), which will seek to develop the future contribution of learning disability nurses within a changing and challenging environment.

Recommendations for Action

- 72. Community learning disability nurses should develop an advisory and support role to primary care, to support mainstream services in meeting the health needs of people with learning disability.**
- 73. NHS Boards should ensure that relevant, accessible health information and advice is available for adults with a learning disability and their carers.**

Acute and Chronic Ill Health Requiring Hospital Inpatient or Outpatient Care

Admission to hospital at any part of the life course can be a critical event for individuals and their families. During a period of illness motivation is often high to change lifestyle. Nurses working in the acute sector can have a critical role in improving health, working with individuals and families at a vulnerable time in their lives. Taking a population approach, nurses within the acute sector can often see patterns of illness or disease emerging and can link with others to prevent occurrence.

“ the hospital nurse has the opportunity to work with individuals and families often in circumstances which make them receptive to advice on health improvement ”

Nurses need to develop a public health mindset, i.e. to think beyond the immediate presenting problem to the social and environmental causes, recognising that the patient is a member of a family and community. Thinking in this way can create opportunities to improve an individual's health and to re-shape services to produce better health outcomes.

Recommendations for Action

- 74. Trusts should use the Health Promoting Health Services Framework developed by HEBS to provide a framework to support the health improvement contribution of acute sector nurses.**

The Contribution of Specialists

There are an increasing number and diversity of specialist nurses, often focusing on a particular disease and its consequences. They have an important contribution to make to the management of the particular condition they specialise in. Specialist nurses will generally be regarded as the experts in their particular field. Their contribution to improving health is two fold. Firstly, as an expert on the prevalence and needs of the community of people suffering from a particular condition, they have a role to play in informing the needs assessment and planning process locally. Secondly, working with a group of people with established illness and their families, they have an important role to play in secondary and tertiary prevention of ill health.

Cardiac Rehabilitation – Paisley

A multi disciplinary primary care and community approach to cardiac rehabilitation is taken in the Royal Alexandra Hospital. The programme is co-ordinated by a rehabilitation nurse specialist and offers secondary prevention and rehabilitation to patients who have experienced heart attacks or heart surgery and primary prevention for their families.

Increasingly, specialists should exploit their expertise in this way and should also seek to develop a role as a resource to other nurses and professionals providing advice and guidance on best practice in the management of the particular area they specialise in.

Recommendations for Action

- 75. Specialist nurses should exploit their expertise in their chosen field to inform needs assessment and planning processes.**
- 76. Specialist nurses should ensure that secondary and tertiary prevention are an important aspect of their role.**

The Contribution of Infection Control Nurses

Control of infection is of critical importance throughout the life course and impacts on individuals, families, communities and whole population groups. Infection control nurses have a particular specialist focus and expertise that can be utilised more effectively in preventing and dealing with the consequences of infection. In particular Public Health Infection Control Nurses, with their experience of partnership working across the public and private sectors as well as working with communities, working in Health Boards have a valuable role to play. Many have demonstrated their ability to contribute to the public health agenda at national and international levels. Their skills should be exploited in the development of Health Boards as Public Health Organisations. All infection control nurses should play an active role in local public health networks, ensuring that their skills and expertise are made effective use of and acting as a resource to others.

The Public Health Infection Control Nurses' Group

Comprising members from the majority of Health Boards, the group meets quarterly. It aims to provide support, facilitate cross-boundary working, networking and information sharing. Work undertaken includes document review for consultation purposes, national and local guideline development and development of infection control educational programmes.

Recommendations for Action

- 77. Public Health Infection Control Nurses should play an active role in the development of Health Boards as Public Health Organisations.**

Appendices



Appendix A

Summary of Recommendations

DEVELOPING THE PUBLIC HEALTH CAPACITY OF LOCAL HEALTH CARE CO-OPERATIVES

1. The Public Health Institute of Scotland will work with local health communities to support the local development of new public health practitioner roles in LHCCs.
2. LHCCs, working with the local Public Health Function should identify and encourage public health champions in all disciplines and agencies.
3. LHCCs should take every opportunity to promote shared learning and problem solving activities which bring to bear the varied skills of different professional groups.

DEVELOPING NURSING'S CONTRIBUTION TO PUBLIC HEALTH STRATEGY

4. LHCC Public Health Practitioners should develop a strategic role, influencing both local and regional strategies.
5. The Public Health Institute of Scotland and the Nursing and Midwifery Practice Development Unit will initiate debate about the development of nursing's strategic contribution to the public health function, in particular learning from the development of nurse consultant posts and the Healthworks UK pilot.

LEADING THE PUBLIC HEALTH EFFORT

6. The Scottish Executive will support leadership development for nurse team leaders in primary health care teams.
7. The Public Health Institute of Scotland will establish an ongoing development network for LHCC public health practitioners, based around the competency framework identified in the Healthworks UK standards.
8. The Nursing and Midwifery Practice Development Unit will map new and creative career pathways as a means of developing future leaders in public health nursing.
9. The Public Health Institute of Scotland will have a key leadership role for nurses in public health, alongside a broad range of other professionals.
10. Directors of Public Health should put in place the right systems to provide effective leadership to the public health workforce.

NETWORKING FOR HEALTH

11. Directors of Public Health should work with LHCCs and other agencies to establish multi-disciplinary public health networks, in which nurses should play an active role. The LHCC public health practitioner will be a key link in such networks.
12. The Nursing and Midwifery Practice Development Unit will create a database of good practice in public health nursing.
13. The Public Health Institute of Scotland should ensure that nurses are actively involved in national public health networks.

WORKING WITH COMMUNITIES

14. NHS Boards should ensure that they have the necessary infrastructure in place to support nurse involvement in community development work.
15. LHCC public health practitioners should map the existing resources of communities, developing links with community projects, development workers and voluntary organisations active in the area.
16. LHCCs should, where appropriate in response to locally identified need, assign dedicated nursing time to work on community based activities.
17. LHCC Public health practitioners should act as a key contact point for the local community, acting as a source of advice, support and information to voluntary and community groups.

PARTNERSHIPS FOR HEALTH

18. Health Boards and Local Authorities as public health organisations should remove organisational barriers to effective partnership at all levels of their organisations, as should NHS Trusts as employers.
19. LHCC public health practitioners should encourage the development of local partnership working, bringing together nurses from all backgrounds and organisations into a team addressing the needs of the local community.
20. Health Boards should ensure that school nursing services are part of Primary Care Trusts and play a full role in the work of LHCCs.

PUBLIC HEALTH PRACTICE AND THE PRIMARY HEALTH CARE TEAM

21. Primary Care Trusts and LHCCs should facilitate the development of effective integrated primary health care teams.
22. Primary health care teams should identify a named lead person on public health. This would be a key person in the local public health network.
23. The Scottish Executive will work with GP representatives to facilitate effective teamwork and health improvement activity around maternity care and child health through the GP contract.

MAKING EFFECTIVE USE OF NURSING SKILLS

24. The Scottish Executive, in partnership with relevant stakeholders, will lead a radical modernisation of the public health nursing workforce. In the short term, this will involve the development of a public health nurse role which incorporates the roles of health visitor and school nurse.
25. The Scottish Executive will invest in the education of the existing school nurse workforce to ensure that team leaders have educational and grading parity with existing health visitor colleagues.
26. Trusts and LHCCs should make changes to skill mix as opportunities arise to ensure that effective use is made of the skills of specialist practitioners. These changes should be based on the needs of the service and its patients/clients. Particular attention should be given to the development of new roles such as early education and child care workers and to the potential of working with voluntary and community groups to meet identified needs.
27. Trusts should ensure that more effective use is made of nurses with specialist expertise, for example infection control nurses, occupational health nurses or CPNs, by ensuring that they are linked into local public health networks and are able to act as a resource to the LHCC.

RESHAPING SERVICES TO ADDRESS HEALTH INEQUALITIES

28. LHCCs and NHS Boards should ensure that the distribution of available skills and resource; matches the pattern of identified need in communities.
29. LHCCs and partner agencies should target resources to communities with the greatest need. This may involve developing community based approaches or linking with existing developments such as New Community Schools or Sure Start Scotland Projects.
30. Trusts should ensure that there is a system of supervision or peer review in place for all community practitioners, which promotes reflection.

INFORMATION FOR EFFECTIVE PUBLIC HEALTH PRACTICE

31. The Scottish Executive will make widely available the systematic review of the literature accompanying this review, in order to support the development of evidence based practice.
32. Practitioners should apply the model of effective public health nursing practice outlined above when planning new initiatives.
33. The Chief Scientist's Office, the Nursing Research Initiative for Scotland and the Public Health Institute of Scotland should develop a programme of research into effective public health practice based upon the findings of the systematic review of the literature.
34. The Public Health Institute of Scotland in association with directors of public health should ensure that support is available via local public health networks to implement evidence based practice in public health.
35. The Public Health Institute of Scotland will develop outcome and process indicators for public health nursing that are relevant to practice and which can be used to inform service planning and strategy. These will replace the counting of contacts as a measure of activity.
36. Primary Care Trusts should ensure that where practicable, nurses use GPASS or other local primary care systems to record their activity with patients/clients.
37. Trusts should ensure that all nurses working in primary care have access to a computer which networks with GPASS or other local system, local NHS Board networks and the NHS Net. £3.5M is available in the current financial year to support implementation for current district nurses and health visitors.
38. Directors of Public Health, working with LHCC public health practitioners should ensure that local public health networks establish means to share and make use of the detailed local knowledge of nurses in developing plans and strategies.

PREPARING NURSES AS PUBLIC HEALTH PRACTITIONERS

39. Universities and Trusts should work together to develop the LHCC as a focus for community placements rather than an individual practice. Placements should seek to give a broad variety of experiences including placements with voluntary and community groups that will give a more rounded perspective of public health practice.
40. Teaching on public health should be strengthened by the involvement of public health experts to consolidate evidence based theoretical elements of the programme.
41. Universities should ensure that link nurse lecturers, preferably with appropriate background in public health/community nursing enhance links with LHCCs to support students and mentors in providing high quality learning experiences for students and facilitating the development of public health competencies.
42. The Scottish Executive will commission the training of an additional 60 health visitors and support 30 existing school nurses to achieve specialist practice qualifications in the short term.
43. The Scottish Executive will pilot WHO Europe's Family Health Nurse concept.

44. The Scottish Executive, working with the National Board for Nursing, Midwifery and Health Visiting in Scotland, the Public Health Institute of Scotland and universities will develop a new public health nurse education programme, which will bring together the existing specialisms of health visiting and school nursing.
45. The Scottish Executive will review with all interested parties the outcomes of the new public health and family health nurse programmes with a view to having only two routes to community specialist practice – the Family Health Nurse and the Public Health Nurse.
46. The Scottish Executive will ask the UKCC and its successor the Nursing & Midwifery Council to review the outcomes for health visitor education in the light of current practice requirements.
47. The Scottish Executive will establish a mechanism for commissioning community nursing education to meet the needs of current and future practice.
48. Trusts should identify development needs of nurses in the light of the recommendations of this review and future project work arising from it, and work with the Scottish Executive, the National Board for Nursing, Midwifery and Health Visiting for Scotland and education providers to address them.
49. The Public Health Institute of Scotland will work alongside the National Board for Nursing, Midwifery and Health Visiting in Scotland to develop an advanced qualification in public health for nurses which incorporates a multi-disciplinary Masters Degree and the acquisition of clinical competencies.

PREGNANCY AND CHILDBIRTH

50. Midwives and public health nurses need to work closely together to ensure a seamless transition for parents.

YOUNG CHILDREN AND THEIR FAMILIES

51. The Scottish Executive will lead the development and implementation of a new model of practice for Public Health Nurses working with young children and their families.
52. Primary Care Trusts and LHCCs should critically review the value of child health clinics and seek more relevant methods of service delivery to meet local need.
53. Public health nurses should make more effective use of peer support groups and networks to support parents.
54. NHS Boards and LHCCs should work closely with local social work services to ensure the delivery of an effective service to support vulnerable families, building on the findings of the forthcoming report on the review of services to support vulnerable families.

SCHOOL AGED CHILDREN AND YOUNG PEOPLE

55. The Scottish Executive will lead the development and implementation of a new model of public health nursing practice within schools. Significant investment will be made in educating and preparing the new public health nurses to fulfil this role.
56. NHS Boards should ensure that school health services are fully integrated with LHCCs and work closely with schools and other key local agencies.
57. NHS Boards should review the resourcing of local school health services to ensure that they can develop to meet local need.
58. LHCCs working in partnership with other local partners should develop accessible, approachable, confidential and anonymous health information and advice services for young people. Nurses should play an active role in the development of services that meet these needs in partnership with other disciplines and agencies.

ADULTHOOD

59. All nurses providing sexual health and family planning services should exploit the opportunity to give general health advice to their clients. In particular, nurses need to be well prepared to help women make informed health choices in the early stages of pregnancy.
60. Family planning and sexual health nurses should work with others to ensure that the sexual health needs of men are adequately addressed.
61. Family planning and sexual health nurses should provide targeted support to particularly vulnerable groups.
62. Occupational health nurses should fully exploit their valuable role in promoting health and well being with a sector of society that has little other contact with the health service.
63. Nurses should take a consistent approach to improving health, working on a multi-disciplinary, multi-agency approach where possible and using the best available evidence or guidelines.
64. Nurses working in prison should be supported to exploit their unique opportunity to improve the health of prisoners.
65. NHS Boards should support and encourage links with prisons to ensure that released prisoners have continuity of support and service in the community. This may involve the development of services that in-reach into prisons where appropriate.
66. Public health departments should give consideration to the health needs of prisoners, recognising that they will return to their community at some point.
67. Public health nurses should liaise with their prison counterparts to provide particular support to the families of prisoners.

OLDER PEOPLE

68. Nurses should play a key role in the development of integrated services that promote continued independence for older people. In doing so they will need to work closely with colleagues in social work and other agencies.

GROUPS WITH SPECIAL NEEDS

69. Nurses working with people with severe and enduring mental illness should take opportunities to improve their general health and minimise risk taking behaviours.
70. CPNs should develop their role in supporting and advising others in primary care on the prevention of mental health problems. They should have clearly established links with LHCCs and local public health networks.
71. CPNs working in child and adolescent mental health should provide support and consultancy to schools and the school health service on dealing with minor mental health issues.
72. Community learning disability nurses should develop an advisory and support role to primary care, to support mainstream services in meeting the health needs of people with a learning disability.
73. NHS Boards should ensure that relevant, accessible health information and advice is available for adults with a learning disability and their carers.
74. Trusts should use the Health Promoting Health Services Framework developed by HEBS to provide a framework to support the health improvement contribution of acute sector nurses.

75. Specialist nurses should exploit their expertise in their chosen field to inform needs assessment and planning processes.
76. Specialist nurses should ensure that secondary and tertiary prevention are an important aspect of their role.
77. Public Health Infection Control Nurses should play an active role in the development of Health Boards as Public Health Organisations.

Appendix B

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Appendix C

Membership of Reference Group and Sub-Groups

REFERENCE GROUP

NAME	DESIGNATION	ORGANISATION
Robin Balfour	General Practitioner	Scottish General Practitioners Committee
Heather Ballard	National Professional Officer	Community District Nurses Association
George Brechin	Chief Executive	Fife Primary Care Trust
Jane Cantrell	Researcher/Lecturer	University of Dundee
Isabel Caskie	Health Visitor	Scottish Health Visitors Association
Lena Collins	Acting Clinical Nurse Manager	Community Psychiatric Nurses Association
Lis Cook	Nurse Director	Queens Nursing Institute Scotland
Pauline Craig	Senior Health Promotion Officer	
	PCCHI	Greater Glasgow Health Board
Peter Craig	Head of Research Manager Team, Chief Scientist Office	Scottish Executive Health Dept
Professor Iain Crombie	Head of Department	University of Dundee
Dr Joan Curzio	Project Leader	Nursing Research Initiative for Scotland
Anna Daley	Professional Officer	Community Practitioners and Health Visitors Association
Wilma Paxton Docherty	Head of Health Promotion and Policy	Dumfries and Galloway Health Board
Martin Donaghy	Senior Medical Officer	Scottish Executive Health Dept
Dr Lawrie Elliot	Director of Health Services Research	University of Dundee
Carol Fraser	Infection Control Nurse	Lothian Health Board
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Mia Graham	Health Visitor	UNISON
Sheila Grant	Assistant Director of Occupational Health	Dumfries and Galloway Primary Care Trust
Cathy Harkins	Head of Midwifery Services	Royal Alexandra Hospital
Mary Henry	Consultant Nurse Specialist	Scottish Centre for Infection and Environmental Health
Susan Hickie	Professional Officer (Nursing)	National Board for Nursing, Midwifery and Health Visiting for Scotland
Sue Ibbotson	Senior Medical Officer	Scottish Executive Health Dept
Lynda Irvine	Research Fellow	University of Dundee
Anne Jarvie	Chief Nursing Officer	Scottish Executive Health Dept
James Kennedy	Director	Royal College of Nursing
Ann Kerr	Programme Manager for Health Service	Health Education Board for Scotland
Alison Lindsay	Councillor	Clackmannanshire Council
Dr Kathleen Long	Medical Director	Lanarkshire Primary Care Trust
Paul Martin	Director of Nursing and PAMS	Renfrewshire and Inverclyde, Primary Care Trust
Liz MacDonald	Policy Officer	Scottish Consumer Council
Kenny McGeachie	Healthcare Manager	HMP Glenochil Young Offenders Institute
Thelma McGuire	Director	Lothian Occupational Health Service
Lynn Masson	Professional Officer	Royal College of Nursing
Cathy Mill	Senior Development Officer NHS Unit	Volunteer Development Scotland
Jane Morgan	Head of Division (Children and Families)	Scottish Executive Education Dept
Cynthia Peden	Head of Pupil Support 1	Scottish Executive Education Dept
Michael Proctor	Nursing Officer/Development Manager	Scottish Executive Education Dept
Jackie Roberts	Director of Social Work	Dundee City Council
Heather Ross	Practice Nurse	Scottish Practice Nurses Association

NAME	DESIGNATION	ORGANISATION
Jacqui Simpson	Director of Healthcare Planning	Lothian Health Board
Helen Spratt	Director of Nursing	Highland Primary Care Trust
Margaret Tannahill	Public Health Infection Control Advisor	Argyll and Clyde Health Board
Dr Julie Taylor	Researcher/Lecturer	University of Dundee
Professor Alison Tierney	Head of Department of Nursing Studies	Edinburgh University
Dr Lesley Wilkie	Director of Public Health	Argyll and Clyde Health Board
Moira Wilson	Head of Pupil Support 2	Scottish Executive Health Dept
Professor Kevin Woods	Lindsay Chair in Health Policy and Economic Evaluation	Glasgow University (formerly Scottish Executive)

Short Life Sub Groups

HEALTH VISITING

NAME	DESIGNATION	ORGANISATION
Elsbeth Blake	Community Nurse Manager	Lothian Primary Care Trust
Callum Campbell	LHCC Manager	Dumfries and Galloway Primary Care Trust
Pauline Craig	Senior Health Promotion Officer PCCHI	Greater Glasgow Health Board
Roslyn Crockett	Director of Nursing	Greater Glasgow Primary Care Trust
Kate Davidson	Nursing Co-ordinator	Borders Primary Care Trust
Allison Forbes	Health Visitor	Tayside Primary Care Trust
Julie Gibson	Health Visitor	Renfrewshire and Inverclyde Primary Care Trust
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Michael Hardie	Senior Health Promotion Officer	Greater Glasgow Health Board
Anne Marie Knox	Child Protection Nurse Specialist	Lomond and Argyll Primary Care Trust
Liz Lamb	Health Visitor	Drumchapel Community Health Project
Lesley McLay	Director of Nursing	Ayrshire and Arran Primary Care Trust
Maxine Moy	Lead Nurse	West Fife LHCC
Margaret Anne Nicolson	Health Visitor	Lomond and Argyll Primary Care Trust
Jackie Reid	Health Visitor	Greater Glasgow Primary Care Trust
Karen Roome	Health Visitor	Renfrewshire and Inverclyde Primary Care Trust
Cherry Salisbury	Senior Lecturer in Health Studies	University of Paisley
Dr Catriona Smith	Consultant in Public Health Medicine	Argyll and Clyde Health Board
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Jane Stafford	Health Visitor	Lothian Primary Care Trust
Rachel Sutherland	Head of Children and Families Branch	Scottish Executive Education Dept
Dr Dennis Tracey	Medical Director	Highland Primary Care Trust

SCHOOL NURSING

NAME	DESIGNATION	ORGANISATION
Anne Bianchi	School Nurse	Borders Primary Care Trust
Barbara Blackwood	School Nurse	Greater Glasgow Primary Care Trust
Anne Burgham	Health Visitor	Tayside Primary Care Trust
Derek Cox	Director of Public Health	Dumfries and Galloway Health Board
Dr Joan Curzio	Project Leader	Nursing Research Initiative for Scotland
Pam Fowlie (for Kay Fowlie)	School Health Nurse	Tayside Primary Care Trust
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Joan Higgins	School Nurse	Renfrewshire and Inverclyde Primary Care Trust
Pat Jackson	Professional Officer for School Health	Community Practitioners and Health Visitors Association
Janice McLeod	School Nurse	Lothian Primary Care Trust
Ken Mitchell	Senior Health Promotion Officer	Forth Valley Health Board
Liz Moore	Assistant Director of Nursing	Ayrshire and Arran Primary Care Trust
Alistair Pringle	Health Promotion Officer	Greater Glasgow Health Board
Fiona Rowan	School Nurse	Lomond and Argyll Primary Care Trust

PRACTICE NURSING

NAME	DESIGNATION	ORGANISATION
Fiona Barclay	Practice Nurse	Tayside Primary Care Trust
Alan Buckley	LHCC Manager	West Renfrewshire LHCC
Margaret Clubb	Senior Practice Nurse	Lothian Primary Care Trust
Nan Craig	Practice Sister	Renfrewshire and Inverclyde Primary Care Trust
Dr Joan Curzio	Project Leader	Nursing Research Initiative for Scotland
Phil Eagleshern	HIV Co-ordinator	Argyll and Clyde Health Board
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Pauline Jespersen	Practice Nurse	Lomond and Argyll Primary Care Trust
Susan Kennedy	Practice Nurse	Greater Glasgow Primary Care Trust
Chris McBeath	Nursing Advisor	Lothian Primary Care NHS Trust
Maureen Mayes	Practice Nurse	Lanarkshire Primary Care Trust
Linda Shaw	Nurse Manager/ Practice Development Officer	Grampian Primary Care Trust
Ruth Stern	Practice Nurse	Lanarkshire Primary Care Trust
Katie Wood	Practice Nurse	Borders Primary Care Trust

DISTRICT NURSING

NAME	DESIGNATION	ORGANISATION
Margaret Brown	Practice Development Nurse	Greater Glasgow Primary Care Trust
Lis Cook	Nurse Director	Queens Nursing Institute Scotland
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Lesley McLay	Director of Nursing	Ayrshire and Arran Primary Care Trust
Carol McQuarrie	Team Leader for District Nurses	Lanarkshire Primary Care Trust
Liz Moore	Assistant Director of Nursing	Ayrshire and Arran Primary Care Trust
Linda Proudfoot	Lecturer/Practitioner	Glasgow Caledonian University
Joanna Robinson	Nurse Co-ordinator	Borders Primary Care Trust
Jeanette Sandiford	District Nurse	Shetland Health Board
Sandra Simpson	Community Nurse	Lothian Primary Care Trust
Anne Skelly	District Nurse	Tayside Primary Care Trust
Josephine White	District Nurse	Renfrewshire and Inverclyde Primary Care Trust
Gail Young	Professional Development Facilitator	Tayside Primary Care Trust

MIDWIFERY

NAME	DESIGNATION	ORGANISATION
Helen Byars	Senior Midwife	Highland Primary Care Trust
Edwina Cameron	Midwife	Borders Primary Care Trust
Cath Cummings	Midwifery Sister	Fife Primary Care Trust
Dr Valerie Fleming	Reader in Research	Glasgow Caledonian University
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Cathy Harkins	Head of Midwifery Services	Renfrewshire and Inverclyde Primary Care Trust
Margaret Hogg	Clinical Team Manager	Tayside Primary Care Trust
Rhona Hood	Midwife	Renfrewshire and Inverclyde Primary Care Trust
Margaret McCreedie	Community Midwife	Lanarkshire Primary Care Trust
Kate McDermott	Locality Manager	Lothian Primary Care Trust
Eunice Muir	Deputy Director of Nursing and Planning	Forth Valley Acute Trust
Mary Ellen Sharp	Senior Lecturer in Midwifery and Nursing	Robert Gordon University

INFECTON CONTROL NURSING

NAME	DESIGNATION	ORGANISATION
Dr Saheed Ahmed	Consultant in Public Health Medicine	Greater Glasgow Health Board
Deirdrei Anderson	Infection Control Nurse	Forth Valley Health Board
Joyce Coppola	Communicable Disease Nurse Specialist	Fife Health Board
Karen Craig	Infection Control Nurse/ Tissue Viability Nurse	Tayside Primary Care Trust
Dr Joan Curzio	Project Leader	Nursing Research Initiative for Scotland
Pamela Davidson	Infection Control Nurse	Tayside Primary Care Trust
Carol Fraser	Infection Control Nurse	Lothian Health Board
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Mary Henry	Consultant Nurse Specialist	Scottish Centre for Infection and Environmental Health
Carol Horsburgh	Infection Control Nurse	Lothian Primary Care Trust
Margaret McCowan	Infection Control Nurse	Greater Glasgow Primary Care Trust
Carol McGhee	Principal Infection Control Nurse Advisor	Lanarkshire Primary Care Trust
Jackie Riley	Infection Control Nurse	Greater Glasgow Primary Care Trust
Lisa Ritchie	Community Infection Control Nurse	Dumfries & Galloway Health Board
Margaret Tannahill	Public Health Infection Control Advisor	Argyll and Clyde Health Board

OCCUPATIONAL HEALTH NURSING

NAME	DESIGNATION	ORGANISATION
Sarah Jane Allison	Senior Occupational Health Nurse	Greater Glasgow Primary Care Trust
Hilda Bain	Occupational Health Nurse Manager	Tayside Occupational Health and Safety Service
Dorothy Bell	Occupational Health Manager	Forth Valley Primary Care Trust
Irene Bonnar	Occupational Health Manager	Borders Primary Care Trust
Jennifer Crawford	Occupational Health and Safety Manager	Grampian Primary Care Trust
Audrey Fitzgerald	Senior Occupational Health Nurse	Renfrewshire and Inverclyde Primary Care Trust
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Sheila Grant	Manager	Dumfries and Galloway Primary Care Trust
Harry Hosley	Lecturer	Northern College of Education
Thelma McGuire	Director	Lothian Primary Care Trust
Deborah McMichael	Senior Occupational Health Advisor	Lothian Primary Care Trust
Dr Linda Pollock	Director of Nursing	Lothian Primary Care Trust
Hilda Connie Reid	Manager	Fife Primary Care Trust
Ian Reid	Director of Human Resources	Greater Glasgow Primary Care Trust
Dr Bernice West	Director	Centre for Nurse Practice Research and Development

MENTAL HEALTH/LEARNING DISABILITY

NAME	DESIGNATION	ORGANISATION
Gail Adams	Community Mental Health Nurse	Tayside Primary Care Trust
Linda Allen	Team Leader	Greater Glasgow Primary Care Trust
Harry Allison	Senior Nurse Manager	Lothian Primary Care Trust
Michael Brown	Clinical Development Nurse	Lothian Occupational Health Service
Lena Collins	Acting Clinical Nurse Manager	Community Psychiatric Nurses Association
Alice Docherty	Locality Manager	Greater Glasgow Primary Care Trust
Dick Fitzpatrick	Clinical Services Development Manager	Lothian Primary Care Trust
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Linda Murdoch	Manager	Tayside Primary Care Trust
Hazel Powell	Community Psychiatric Nurse	Borders Primary Care Trust
Eileen Ross	Clinical Nurse Manager	Lanarkshire Primary Care Trust
Isabel Swann	Lead Nurse for Mental Health and Learning Disability Network	Borders Primary Care Trust

EDUCATION

NAME	DESIGNATION	ORGANISATION
Janet Campbell	Lecturer	Paisley University
Fiona Cook	Training	Lothian Primary Care Trust
Lis Cook	Nurse Director	Queens Nursing Institute Scotland
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Jane Harris	Course Leader	University of Abertay
Sue Hickie	Professional Officer (Nursing)	National Board for Nursing, Midwifery and Health Visiting for Scotland
Robert Hoskins	Lecturer	Glasgow University
Anne Kerr	Programme Manager for Health Service	Health Education Board for Scotland
Dr Sue Kinn	Project Leader	Nursing Research Initiative for Scotland
Rosemary MacRae	Lead Nurse (Aberdeen and North LHCC)	Grampian Primary Care Trust
Dolly McCann	Lecturer, Health and Nursing	Queen Margaret University College
Professor Jean McIntosh	Director of Research	Glasgow Caledonian University
Pat Millar	Training and Development Manager	Tayside Primary Care Trust
Gregory Poon	Lead Nurse (Aberdeen Inner City LHCC)	Grampian Primary Care Trust
Amanda Powe	Senior Nurse	Borders Primary Care Trust
Linda Sydie	Continuing Professional Development Head of Department, Health and Nursing	Queen Margaret University College
Professor Aislin Tierney	Head of Department of Nursing Studies	Edinburgh University

PRINCIPLES OF PUBLIC HEALTH NURSING

NAME	DESIGNATION	ORGANISATION
Elaine Birch	Health Visitor	Tayside Primary Care Trust
Pauline Craig	Senior Health Promotion Officer, PCCHI	Greater Glasgow Health Board
Dr Martin Donaghy	Senior Medical Officer	Scottish Executive Health Dept
Sue Hickie	Professional Officer (Nursing)	National Board for Nursing, Midwifery and Health Visiting for Scotland
Dr Julie Kavanagh	Consultant in Public Health Medicine	Tayside Health Board
James Kennedy	Director	Royal College of Nursing
Dr Kathleen Long	Medical Director	Lanarkshire Primary Care NHS Trust
Professor Jean MacIntosh	Nursing and Communication	Glasgow Caledonian University
Professor Kate Niven	Head of Department, Nursing and Midwifery	University of Stirling
Michael Proctor	Development Manager/Nursing Officer	Scottish Executive Health Dept
Elisabeth Russell	Professor of Social Medicine	University of Aberdeen

WORKING WITH PARTNERS

NAME	DESIGNATION	ORGANISATION
Elaine Allen	Development Officer for Early Years	Great Northern Partnership
Susan Brotherston	Joint HV Relief and Nursing Practice Development	Borders Primary Care Trust
Helena Buckley	Quality Manager	Forth Valley Primary Care Trust
Anne Clark	Manager of Organisational Performance	Argyll and Clyde Health Board
Yvonne Dalziel	Community Development Programme Manager	Lothian Primary Care Trust
Alan Donnelly	Manager	Tayside Primary Care Trust
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Morag Hamil	Health Development Officer	Convention of Scottish Local Authorities
Jan Henderson	Project Co-ordinator	Renfrewshire Community Health Initiative
Alexis Jay	Director of Housing and Social Work	West Dumbartonshire Council



NAME	DESIGNATION	ORGANISATION
Marjory Keyes	Child Protection Advisor/Health Visitor	Borders Primary Care Trust
Liz Lamb	Health Visitor	Drumchapel Community Health Project
Jackie MacRae	Inspector	Scottish Executive Education Dept
Thelma McGuire	Director of Social Work Services	Lothian Occupational Health Service
Cathy Mill	Senior Development Officer NHS Unit	Volunteer Development Scotland
Jo Paterson	Manager	Volunteer Action
Doreen Petrie	Manager	Health and Social Care Partnership Scheme
Gregory Poone	Lead Nurse (Aberdeen Inner City LHCC)	Grampian Primary Care Trust
Jackie Roberts	Director of Social Work	Dundee City Council
Stuart Seele	Independent Management Consultant	

LITERATURE REVIEW

NAME	DESIGNATION	ORGANISATION
Jane Cantrell	Researcher /Lecturer	University of Dundee
Peter Craig	Head of Research Manager Team, Chief Scientist Office	Scottish Executive Health Dept
Professor Iain Crombie	Head of Department	University of Dundee
Dr Joan Curzio	Project Leader	Nursing Research Initiative for Scotland
Anna Daley	Professional Officer	Community Practitioners and Health Visitors Association
Martin Donaghy	Senior Medical Officer	Scottish Executive Health Dept
Dr Lawrie Elliot	Director of Health Services Research	University of Dundee
Ann Gow	Nurse Consultant, Public Health (Formerly Project Officer)	Greater Glasgow Primary Care Trust
Sue Hickie	Professional Officer (Nursing)	National Board for Nursing, Midwifery and Health Visiting for Scotland
Lynda Irvine	Research Fellow	University of Dundee
James Kennedy	Director	Royal College of Nursing (Scotland)
Michael Proctor	Nursing Officer/Development Manager	Scottish Executive Health Department
Julie Taylor	Researcher /Lecturer	University of Dundee

GOOD PRACTICE

NAME	DESIGNATION	ORGANISATION
Lena Collins	Acting Clinical Nurse Manager	Community Psychiatric Nurses Association
Lis Cook	Director	Queens Nursing Institute Scotland
Pauline Craig	Senior Health Promotion Officer PCCHI	Greater Glasgow Primary Care Trust
Anna Daley	Professional Officer	Community Practitioners and Health Visitors Association
Ann Gow	Nurse Consultant Public Health (formerly project officer)	Greater Glasgow Primary Care Trust
Jane Harris	Lecturer	University of Abertay
Paul Martin	Director of Nursing	Renfrewshire and Inverclyde Primary Care Trust
Colin McDuff	Research Fellow	Robert Gordon University
Katie Rae	Head of Education	Royal College of Nursing

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